CHAPTER 3. MEDICAL MATERIEL MANAGEMENT

This Chapter provides the procedures for a Supply Support Activity (SSA) and other supply operation for medical materiel to: Operate, stock, requisition, issue, dispose of excess, and measure its operations.

3-1. MEDICAL SUPPLY SUPPORT ACTIVITY (SSA) OPERATIONS

a. The SSAs for medical materiel are distinguished from other medical supply operations in that they:

(1) Operate a stock record account per *AR 710-2*

(2) Perform the full range of supply functions identified for SSAs in *AR 710-2*

(3) Appoint an accountable officer per *AR 735-5*

(4) Requisition materiel directly from the wholesale system or from a major, intermediate level medical materiel SSA

b. The SSAs for medical materiel include:

(1) Installation Medical Supply Activity (IMSA)

(2) Medical Logistics Battalion (MEDLOG Bn): In peacetime, MEDLOG Bns may perform the full functions of, may have a training mission, or may have an area supply mission. Upon mobilization and/or deployment, the MEDLOG Bn will normally perform all SSA functions.

(3) U.S. Army Medical Materiel Center Europe (USAMMCE)

c. Other supply operations for medical materiel maintain informal stock control records in support of a direct support or area supply mission. These operations do not normally requisition directly from the Defense Logistics Agency (DLA) system and do not perform the full range of supply and Financial Inventory Accounting (FIA) functions.

d. Other supply operations for medical materiel include:

(1) Combat Division level medical supply support provided by the Division Medical Supply Office (DMSO).

(2) Medical supply detachments.

(3) MTOE hospital units with an area supply mission.

(4) Other medical units with an area supply mission.

(5) Medical Logistics Management Center (MLMC). The MLMC is a unique organization that currently has a comprehensive and evolving role in Reach Logistics.

3-2. SUPPLY SUPPORT ACTIVITIES

The SSAs for medical materiel provide direct, general, and/or installation support to units and activities within a designated command or area. The unit's or activity's MTOE, TDA, or Major Command (U.S. Army) (MACOM) directive will state the mission for providing this support. The SSA:

a. Maintains accountability and manages medical supply stocks that are stored for issue to authorized supply customers.

b. Operates a stock record account per AR 710-2;
c. Operates with a standard logistics Information System (IS);
d. Conducts prescribed FIA and financial management of the:
(1) Defense Working Capital Fund (DWCF), which finances acquisition of SSA stocks at selected activities.
(2) Army fund, or Operation and Maintenance, Army (OMA) fund.
(3) Defense Health Program (DHP) fund, which finances acquisition and distribution of SSA stocks at selected activities.

e. Establishes an electronic ordering process with all external deployable units/customers.
(1) Electronic ordering implies that a remote connection is established and data is transferred from the customer to the supporting SSA.
(2) All medical SSAs and their supported customers may use only an approved Class VIII IS to accept and transmit requisitions.
(3) The electronic ordering processes will be used during peacetime and wartime operations.

3-3. INSTALLATION MEDICAL SUPPLY ACTIVITY (IMSA)

a. The IMSA is normally the SSA for medical materiel for a designated installation and/or geographical area and is under the control of the Medical Center (MEDCEN) or Medical Department Activity (MEDDAC) commander. The IMSA is normally separate from the installation's consolidated supply operation.

b. The MEDCEN or MEDDAC commander provides medical supply support to designated units and activities on the installation and within the assigned geographical support area (see *AR 5-9*).
c. The Medical Supply Officer (MSO) is responsible to the MEDCEN or MEDDAC commander for operation of the IMSA.

d. The IMSA accountable officer (and/or MSO) directs the operations of the IMSA. The MSO provides total medical supply support to all supported units and activities. The MSO is responsible for security of materiel per *AR 190-51*.

e. The IMSAs are authorized direct contact with customers, the USAMMA, Defense Supply Center Philadelphia (DSCP), other government agencies, supporting medical supply, and local purchase activities on medical supply matters.

f. The USAMEDCOM IMSAs, under the direction of their RMC, will meet with all supported active and United States Army Reserve Command (USARC) units at least annually to determine mobilization and deployment requirements.

3-4. MEDICAL LOGISTICS BATTALIONS/U.S. ARMY MEDICAL MATERIEL CENTER EUROPE

a. The MEDLOG Bn/USAMMCE is assigned a medical SSA mission that supports all customers according to the logistics support plan developed for their command or area of operation. The plan outlines the relationship between the MEDLOG Bn/USAMMCE and their supply support. The CONUS MEDLOG Bns supporting command shall coordinate the logistics support plan with the supporting RMC.

b. The MEDLOG Bn supported by an IMSA must conduct all interfaces electronically with the wholesale system (such as, submission of MILSTRIP replenishment requisitions) through the IMSA unless directed by the IMSA/RMC.

3-5. CONSOLIDATED SUPPLY ACTIVITIES ON ARMY MEDICAL DEPARTMENT INSTALLATIONS

a. On Installations under AMEDD control, other supply commodities may be consolidated with medical into a single activity.

b. The AMEDD installation consolidated supply activities:

(1) Operate under a structure similar to that of the IMSA.

(2) Are authorized, by The Surgeon General (TSG), direct contact with nonmedical supply activities, Service Item Control Centers, and National Inventory Control Points (NICPs), as appropriate.

3-6. U.S. ARMY NATIONAL GUARD UNITS

U.S. Property and Fiscal Officers (USPFOs) may provide IMSA-type support to Army National Guard (ARNG) units. The USPFOs and ARNG MTOE units assigned a medical supply support mission will operate per SB-8-75-10 and this SB.

3-7. MEDICAL MATERIEL MANAGEMENT PROCEDURES BY UNITED STATES ARMY RESERVE (USAR) AND ARNG PERSONNEL ASSIGNED A PATIENT-CARE MISSION

a. The USAR and ARNG units may requisition and use controlled, shelf life refrigerated materiel when they provide patient care to military personnel authorized such care by *AR 40-3*. During use, ARNG and USAR units will control and account for those items according to this chapter, *AR 40-2* and comply with pharmaceutical management procedures in the *SB 8-75 series*.

b. When the patient-care mission has been completed:

(1) The USAR units will coordinate the turn-in of all unused stocks to the supporting IMSA/MEDLOG Bn/USAMMCE.

(2) The ARNG units will:

(a) Return all controlled items per this SB.

(b) Return as directed by the United States Property and Fiscal Officer (USPFO) unit of issue quantities of all other items unlikely to be consumed prior to their expiration date. Return these items within 60 days of the completion of the patient care mission.

(c) Return Federal Supply Class (FSC) 6505 items that are on the IMSA/MEDLOG Bn/USAMMCE stockage list and unlikely to be consumed within 12 months.

(d) Manage remaining stocks as specified in applicable regulations and the *SB 8-75 series*.

(e) Account and Report all on hand Medical Chemical Biological Radiological and Nuclear (CBRN) Defense Materiel (MCDM) thru the DoD/Food and Drug Administration (FDA) Shelf Life Extension Program System (SLEP), see chapter 4 of this SB, *SB-8-75-7 and SB-8-75-10*.

3-8. STOCKAGE

a. The SSAs identified in this Supply Bulletin, may stock:

(1) Standard items; which are catalogued items listed in the Army Master Data File (AMDF), Federal Logistics Record (FEDLOG) or. Universal Data Repository (UDR) Medical Catalog (MEDCAT).

(2) Nonstandard items are items not listed in the above catalogs; however, they are required to support the health-care mission.

b. The MTOE medical supply operations may stock:

(1) Consumable items authorized in the supported Medical Sets, Kits, and Outfits (SKOs).

(2) Consumable items authorized in the resupply module for supported MTOE hospitals.

(3) Items used to meet contingency missions, training requirements, or used to provide garrison medical support, if approved by the command surgeon. These units will maintain command surgeon approved Authorized Stockage Lists (ASLs) that reflect both wartime and peacetime requirements.

c. The ARNG units maintain State Surgeon-approved formularies.

3-9. STOCKAGE CRITERIA

(1) The IMSA/MEDLOG Bn/USAMMCE will follow these guidelines when determining stockage.

(a) When six recurring demands have been recorded within a 360-day period, establish an initial stockage for the item.

(b) If less than six recurring demands have been recorded, a customer may request in writing that an item be stocked.

(c) For emergencies, the Unit's senior logistics officer can approve stockage of items.

(d) There must be at least three recorded demands within a 360-day period, to maintain stockage.

* NOTE: In the event that the item the customer requested to be stocked is no longer required, the customer may be charged for the unused quantities left in stock.

(2) The MTOE medical supply operations will follow these guidelines.

(a) When six recurring demands have been recorded within a 360-day period, establish an initial stockage for the item.

(b) There must be at least three recorded demands within a 360-day period, to maintain stockage.

(c) Follow MACOM guidance when establishing stockage criteria for items that support:

- Authorized Stockage List (ASL)
- Mandatory Parts List
- Resupply of medical assemblage components.

3-10. STOCKAGE LISTS

a. The IMSA/MEDLOG Bn/USAMMCE will provide copies of the stockage list to supported activities. Local policy will govern frequency and recipients.

b. The MTOE medical supply operations must maintain ASLs. Local policy will govern the distribution of the ASLs.

3-11. CRITICAL ITEMS

a. The Defense Medical Standardization Board (DMSB), Fort Detrick, Maryland, maintains a list of critical items needed for patient care during contingencies. The contents of this list are based on input from the military services and other DoD agencies that manage medical materiel. Periodic analysis of quantities of these critical items held by the military services and other DoD agencies is requested by the Assistant Secretary of Defense for Health Affairs to ensure DoD capabilities will meet contingency requirements.

b. The various Tri-Service Regional materiel standardization committees will review products included on the critical items list to ensure they are considered for standardization at their regional MTFs. The Health Care Activity (HCA) materiel standardization committee works in concert with the RMC to ensure the Tri-Service Region has these items for review and incorporation into the activities' stockage lists.

3-12. JOINT DEPLOYMENT FORMULARY

a. The DMSB, Fort Detrick, Maryland, maintains the Joint Deployment Formulary (JDF). The JDF's purpose is to establish a baseline deployment formulary to treat the most common wounds or diseases that may affect a US Armed Forces member. Inclusion must balance transportation and inventory management capabilities. It is assumed that Service members will deploy with 180 day supply of medications with resupply through Tricare Mail Order Pharmacy (TMOP).

b. The JDF is the pharmaceutical items that have been approved by all four Services for use in a Deployed Theater. The JDF is sourced against the Prime Vendors and the manufacturer's current availability to decrease the number of back orders and rejected requisitions an activity will receive while ordering in a deployed location. The USAMMA uses the JDF when updating and refilling medical assemblages.

c. The JDF is updated quarterly and is available on the DMSB Web site, https://www.dmsb.army.mil.

3-13. STOCKAGE LEVELS

a. Computing reorder points

(1) Compute reorder points with a safety level not exceeding 5 days (15 days for OCONUS) and the actual Order and Shipping Time (OST) for each item. The OTSG is the approval authority for requesting safety level modifications in DMLSS or TAMMIS. The OST for nonstandard items will include the average time used for processing a procurement request.

(2) The preferred method to compute reorder point is the Days Of Supply (DOS) procedures. This is used for distributed/PV/Electronic Catalog (ECAT) items and for all items in a deployed theater.

(3) You may use the Economic Order Quantity (EOQ) procedures to compute the reorder point, see *DA PAM 710-2-2*, Appendix D, for EOQ Reorder Point with appropriate Safety Level.

b. Computing Requisition Objectives (RO)/levels

(1) DOS is the preferred method for PV/ECAT items.

(2) Use *DA PAM 710-2-2* when computing EOQ.

(3) The operating level is a maximum of 15 days CONUS (30 days OCONUS) or as determined by the MACOM/command surgeon when establishing the days-of-supply method. Operating levels for nonstandard items acquired under vendor service are based on quantities needed to sustain operations between resupply cycles.

c. Calculating retention levels. When stock on-hand exceeds the RO/level, medical activities will calculate retention levels using provisions of *AR 710-2* and *DA PAM 710-2-2*. Process stocks exceeding authorized retention levels using the excess materiel guidance in this chapter.

d. Calculating stockage levels for MTOE Medical Supply Operations

(1) The Command Surgeon determines the peacetime stockage objective for the MTOE medical supply operations. The stockage objective should not exceed 90 days.

(2) The MTOE medical supply operations will use the DOS method or the inventory management module of an approved IS to compute the RO/level. Logistics support plans should establish days of supply needed to support designated unit operations when mobilized.

3-14. REQUISITION PROCEDURES

a. The IMSA/MEDLOG Bn/USAMMCE must provide responsive support to customers for medical items. Ways of providing this support are:

(1) The preferred method is through a commercial contract service, such as the DoD PV/ECAT.

(2) Local stockage of selected items will be used when:

(a) The distance between the IMSA/MEDLOG Bn/USAMMCE and the supporting commercial distributors warrants stocking items to preclude interrupting supply support.

(b) Items are not available through supporting commercial distributors.

(c) When item are ordered in unit of issue and sold by unit of measure.

(3) When the commercial distribution contracts cannot fill routine supply requirements, CONUS IMSAs/MEDLOG Bn will submit requisitions to DSCP using MILSTRIP procedures delineated in *AR 725-50*.

(4) Local purchase procedures (Decentralized Blanket Purchase Agreements (DBPA)/Blanket Purchase Agreement (BPA)/Credit Card) program

b. IMSA/MEDLOG Bn/USAMMCE will enter all purchases and receipts in DMLSS/TAMMIS for retrospective review by the Accountable Officer, to capture

demands for standardization, analyze procurement costs, and to ensure items are purchased using the most efficient acquisition methodology.

c. To requisition regulated medical items and/or provisioned medical equipment items, follow procedures in this chapter.

d. Requisition Medical Care Support Equipment (MEDCASE) items by following guidance in *SB 8-75-MEDCASE*, the USAMMA, and local command publications. The supporting property account will forward MEDCASE requisitions directly to the USAMMA. These requisitions will not be processed through the IMSA/USAMMCE. Capital Expense Equipment Program (CEEP) will be direct-fund cited when requisitioned through the medical supply account.

3-15. REQUISITIONING STANDARD AND NONSTANDARD MEDICAL MATERIEL

a. Standard stocked items: The OCONUS IMSA/MEDLOG Bn/USAMMCE may transceive an “A01” (request for standard stocked item), “A0A” for CONUS IMSA/MEDLOG Bn, requisitions through the Defense Automatic Addressing System (DAAS) to the supply source if the requisitions:

(1) Comply with local policies and procedures.

(2) Are in MILSTRIP format (See *AR 725-50*).

(3) Are for medical materiel centrally cataloged by DSCP and listed in one of the following publications:

- AMDF or FEDLOG.
- UDR MEDCAT
- Medical Services Information Logistics Systems (MEDSILS), http://www.usamma.army.mil/apps/qbca_medsils/

b. Nonstandard nonstocked items: The OCONUS IMSA/MEDLOG Bn/USAMMCE may transceive Document Identifier Code (DIC) “A05” (nonstandard nonstocked items) requisitions through DAAS to the supply source if the requisitions:

(1) Comply with local policies and procedures.

(2) Are for medical materiel not listed in either the:

- AMDF, MEDSILS, FEDLOG,
- UDR MEDCAT
- Medical Services Information Logistics Systems (MEDSILS), http://www.usamma.army.mil/apps/qbca_medsils/

(3) Are accompanied by all applicable exception data.

(4) Are prepared per procedures in *AR 725-50*.

c. Nonstandard medical materiel:

(1) The CONUS IMSA/MEDLOG Bns will purchase nonstandard medical materiel locally. However, when the item cannot be locally obtained, requisitions may be submitted to DSCP citing:

- DIC “AOE”.
- Pertinent exception data.
- Advice code “2A”.

(2) The MTOE medical supply operations will submit requisitions to their supporting IMSA/MEDLOG Bn/USAMMCE.

3-16. EMERGENCY REQUISITIONS

a. When emergency or urgent medical materiel requirements exist (to save lives or to prevent suffering or distress), IMSA/MEDLOG Bn/USAMMCE will expeditiously process requisitions from supported HCAs using the issue priority designator “03” (life or death) requisitions. Life or death requisitions will be submitted to DSCP only when the item is not available locally. The quantity ordered should reflect the minimum requirements for the particular emergency. Particular attention should be given to customer’s requests for in-vitro diagnostics and reagents. Because of the type of materiel involved, activities should be certain that a life or death situation is involved before submitting the requisition on that basis. Non-receipt of incremental shipments is not in itself a justification for submitting a life or death requisition. Submit requisitions telephonically to the Emergency Supply Operations Center (ESOC) at DSCP. Normal duty hour numbers are commercial 215 737-2112 or DSN 444-2112. After duty hour numbers are commercial 215 737-2341 or DSN 444-2341.

b. The following information, at a minimum, is required on the requisitions:
- Name of the physician administering to the patient.
- Diagnosis and prognosis of patient(s).
- Preferred mode of shipment.
- Requisitioner’s telephone numbers (on & after duty) and points of contact.

c. The commander or designated representative will personally review and document all requisitions with an urgency of need designator “A” or “B” per the *DA Pam 710-2 series*. The IMSA/MEDLOG Bn/USAMMCE will perpetuate all urgency of need designator “A” requisitions from supported activities.

d. Valid exception data for urgency of need designator “A” and “B” requisitions are requests for shipment using:

(1) The fastest traceable means.

(2) Shipments by specific mode (i.e., commercial air). If commercial air is requested, IMSA/MEDLOG Bn/USAMMCE will provide an appropriate transportation fund citation. Do not delay life or death “03” requisitions to verify or determine the appropriate fund cite.

e. When MTOE medical supply operations submit emergency urgency of need designator “A” and “B” requisitions to their supporting IMSA/MEDLOG Bn/USAMMCE, the unit commander will authenticate the priority assigned to the requisition per the *DA PAM 710-2 series.* The MTOE medical supply operation will process emergency requisitions from supported units. The requisition must be properly authenticated, provided the requisitions cannot be filled from on-hand stocks.

3-37. PRIME VENDOR AND ELECTRONIC CATALOG AS A SOURCE OF SUPPLY

a. The overall goal for materiel acquisition is to migrate to greater use of electronic commerce alternatives and decrease reliance on manual, labor-intensive procurements, such as credit cards. Two programs that maximize use of e-commerce methodologies and provide greater system-wide economies are the DSCP PV and the ECAT programs.

b. The DSCP pharmaceutical and medical/surgical PV/ECATs are the commercial distributors for items, which include:

- Distribution and Pricing Agreement (DAPA) items
- Federal Supply Schedule items
- PV/ECAT non-usage items
- PV/ECAT committed volume/Regional Incentive Agreements (RIA) items, and
- Other e-tool sources.

This program is mandatory for USAMEDCOM activities for products available under the program and serves as the primary acquisition method for pharmaceuticals and medical/surgical materiel.

c. Actions to be taken by the activity to increase PV utilization:

(1) Communicate weekly with the PV representative.
(2) Ensure all non-usage items are ordered under a specific Routing Identifier Code (RIC).
(3) Request items that can be provided by the PV to be stocked if they are not in the PV distribution center.
(4) Review and adjust usage levels with the PV representative monthly.
(5) Continuously review local purchase and credit card purchases with the PV representative for PV eligible items.
(6) Consider utilizing DOS versus EOQ for inventory management.
(7) Order smaller quantities more frequently.

d. The activity should ensure the PV is accomplishing the following tasks to increase utilization:
(1) Weekly communication with the activity.
(2) Notify the activity when usage items are stocked.
(3) Notify the activity when backordered items are received.
(4) Furnish the activity listings of items stocked by the distribution center.
(5) Minimize temporary out of stock. Address the temporary out of stock items routinely (minimum at the weekly meeting) with the activity.
(6) Capture demands on kills/cancellations.

e. Actions to be taken by the activity to increase PV fill rate of usage items:

(1) Work rejects daily. Some rejects can be caused or affected by the activity:
R1 – Not on Contract
R2 – Invalid Item Identification
R3 – Invalid Unit of Issue
R6 – Not on Customer Usage List
R7- Reorder as Drop Shipment
AR – Quantity Exceeds Allocation
AA – Customer Exceeded Forecasted Demand Quantity
The PV should work the other rejects.

(2) Reconcile usage versus non-usage items on a monthly basis with the PV representative.
(3) Order more frequently for smaller quantities.
(4) Do not permit the logistics IS to automatically reorder temporary out of stock or backordered items on a daily basis, if the item cannot be filled by the PV in a

reasonable period of time. Such continuous reordering does nothing to obtain the item and increases the number of unfilled/cancelled requisitions, thereby lowering the fill rate.

f. The activity should ensure that the PV accomplishes the following tasks to increase the fill rate:

(1) Notify activity when usage items are restocked (removed from backorder status).

(2) Notify activity when usage candidate is entered as usage in the PV system.

(3) Work with the activity on a daily basis to address rejects that are not caused by the activity (e.g., temporary out of stock, R4 – Manufacturer/National Backorder).

(4) Notify activity when a non-usage item has enough demands to convert to usage.

g. The DSCP ECAT program continues to expand and is used for laboratory, optical, dental, medical equipment, manufacturer direct and general MEDSURG items (available under ECAT Joint Venture Program). The program minimizes administrative workload, overhead costs and interest payments by streamlining electronic ordering and financial processes through the Military Standard Billing System (MILSBILLS). This program is mandatory for USAMEDCOM activities for products available under the program. A full description of the functionality and features of the DSCP ECAT system can be found at the ECAT webpage:
https://dmmonline.dscp.dla.mil/ECAT_Nonsecure/ecat_home.asp

3-18. VENDOR INVENTORY SERVICE

a. The IMSA/MEDLOG Bn/USAMMCE will use direct-order and other electronic vendor (INTERNET) inventory services provided by commercial medical materiel distribution organizations PV. The DSCP Pharmaceutical and MEDSURG PV's provide on-demand shipment of materiel.

b. The IMSA/MEDLOG Bn/USAMMCE will use these services to augment in-house capabilities for standard and nonstandard items and services. This augmentation provides significant benefits for managing short shelf life items.

c. The IMSA/USAMMCE will use PV inventory services as an alternative to stocking and a means to reducing inventory at the installation level.

d. Where appropriate, the IMSA/MEDLOG Bn/USAMMCE may authorize other SSAs and customers to use direct order and other electronic vendor-inventory services to satisfy supply requirements. All authorizations of adding other customers must be coordinated and approved by higher commands and the MEDCOM (MCLO-O). The DSCP PV and ECAT systems are the AMEDD number one means of acquisition. All materiel must be bought through these systems when the products are available. ECAT prices can be higher at times and the activity needs to make a judgment call to acquire it if it makes economic sense. The activity needs to challenge the higher price with the DSCP ECAT Help Desk at 800-290-8201 or dscpecathelp@dla.mil.

3-19. DEPARTMENT OF VETERANS AFFAIRS (DVA) AS A SOURCE OF MEDICAL MATERIEL

The DVA is a source of medical materiel that is authorized for local purchase. The DVA contracts with firms for common use supplies and services, and these contracts are summarized in the *Federal Supply Schedule (*FSS). When making local purchases from the *FSS* source, follow the provisions in the Federal Acquisition Regulation (FAR).

3-20. LOCAL PURCHASE FOR MEDICAL MATERIEL AND SERVICES

The preferred purchasing methodology is the contracted DSCP commercial distributor/PV/ECAT. When the PV/ECAT is unable to meet the requirement, local purchase may be utilized. The IMSA/MEDLOG Bn/USAMMCE should consider the following when local acquisition of materiel is appropriate.

a. The IMSA/MEDLOG Bn/USAMMCE will use local purchase procedures to satisfy supply requirements of supported customers. Methods of local purchase include:

(1) Direct-order and other electronic (INTERNET) vendor-inventory services.

(2) Decentralized Blanket Purchase Agreements (DBPAs). DSCP DBPAs are restricted to the 16th MEDLOG Bn, Ft Wainwright and USAMMCE.

(3) Supporting contracting office where deemed appropriate by the MSO.

(4) International Merchant Purchase Authorization Card (IMPAC) program/government purchase card/credit card.

b. The MTOE medical supply operations will obtain local purchase support through their supporting IMSA/MEDLOG Bn/USAMMCE. The activities should comply with IMSA/MEDLOG Bn/USAMMCE procedures when submitting Purchase Requests (PRs).

c. The PRs must:

(1) Be made on a competitive basis to the maximum extent possible.

(2) Establish and describe requirements for products and services based on actual needs of the government, not personal preference, and on the minimum essential characteristics required to perform the mission.

d. When government needs are such that only a particular product is acceptable, the customer will attach a justification for other-than-full-and-open competition to the PR. Activities should consider equipment compatibility and other conditions or circumstances that may necessitate sole source procurement. Additional to the factual statement, PRs will include facts concerning test and evaluation of potential products and will identify competitive products to the maximum extent possible. The factual statement should:

(1) Cite the physical, functional, or other characteristics essential to the needs of the government.

(2) Identify the physical and functional characteristics peculiar to the requested product or service.

e. The PRs must include all available information needed to receive the desired materiel. Complete information will prevent unneeded correspondence and will reduce lead-time.

f. USAMEDCOM activities will attach the properly completed Contract Data Distribution Form, USAMEDCOM Form 757-R (MCRM) dated Jun 05 to all purchase requests (DA Form 3953, DD 1348-6 or PR Web), except for acquisition to be paid by credit card. This action will assist DFAS – Vendor Pay in prompt payments of goods and services. The Group Administration Manager or Contracting Officer's Representative (COR) will ensure this data is kept current and accurate at all times by notifying the Wide Area Work Flow (WAWF) POC at the contracting office.

g. Coordination between the customer, supporting medical maintenance activity, and the facility engineer must be accomplished during the planning stage to determine structural and utility requirements for equipment requiring installation.

h. The MSO or designated representative will review all PRs to:
(1) Identify maintenance significant equipment
(2) Determine maintenance requirements
(3) Assist the customer in procurement specifications.

i. The PRs for maintenance significant equipment must include a request for two copies of operator and maintenance manuals. The ordering activity can adjust this figure to meet local requirements. Digital or electronic manuals may be provided instead of hard copy manuals.
(1) Operator manuals should include instructions on the following:
(a) Assembly
(b) Operation
(c) Services
(d) Accessories
(e) Calibration, if applicable

(2) Maintenance manuals should include instructions on the:
(a) Assembly
(b) Installation
(c) Troubleshooting
(d) Calibration requirements
(e) Utility schematics/wiring diagrams
(f) Applicable parts requirements

j. The Principle Assistant Responsible for Contracting (PARC) is the proponent for the IMPAC credit card program. The USAMEDCOM activities will use only IMPAC cards issued by the USAMEDCOM contracting offices. The USAMEDCOM contracting offices will provide the following types of guidance.
(1) Clarification of advise from the Assistant Secretary of the Army for Research, Development, and Acquisition (ASARDA), to include providing interpretations, clarification, and resolution of conflict between implementing activities and ASARDA.
(2) The USAMEDCOM policies and responsibilities regarding the IMPAC program.
(3) Monitoring and reporting USAMEDCOM progress to ASARDA.

k. Logistical responsibilities are identified in PARC memorandums and implementation plan for purchasing of supplies, equipment, and services.

3-21. LOCAL PURCHASE OF SELECTED ITEMS OF MEDICAL MATERIEL

The following medical materiel and equipment can be purchased locally:

a. ITEMS, INCLUDING REPAIR PARTS REQUIRED IMMEDIATELY: These items are needed to save lives or prevent suffering and can be purchased by following normal supply and financial procedures. The *DFAS-IN Regulation 37-1* authorizes that these purchases, if necessary, be made in the absence of funds. *AR 40-2* outlines the standards for purchasing drugs and immunizing agents.

b. OCCUPATIONAL THERAPY SUPPLIES AND EQUIPMENT: These items are authorized for use by occupational therapists.

c. PROFESSIONAL BOOKS AND PERIODICALS: These include all library material required by health care personnel involved in direct or indirect patient care.

(1) The OCONUS activities may order medical books and periodicals through DBPAs awarded by DSCP. If the required materiel is not available through DBPAs, send requisition to DSCP at MEDESOC@DLA.Mil. Telephones: Commercial 215-737-2112, Option 1; DSN 444-1212.

(2) Subscriptions for periodicals and journals may exceed one (1) year when it is more cost effective.

(3) To obtain a limited number of books, the FSS for Federal Supply Group 76 may be used.

d. WIGS (cranial prostheses): These can be supplied to:

(1) Females with alopecia (hair loss) or

(2) Males with alopecia under the following conditions:

(a) Secondary to specialized medical treatment

(b) Along with disfiguring scars

(c) Resulting in psychiatric disorders, and in the medical authority's opinion, the wig would be beneficial therapy.

e. POST-MASTECTOMY PROSTHESES AND BRASSIERES. The HCA commander must authorize the post-mastectomy prostheses, brassieres, and wigs as part of the overall course of treatment.

f. MEDICINAL GASES: These can be purchased only when available in satisfactory quality and volume per U.S. Pharmacopoeia standards. Available from:

U.S. Pharmacopoeia
12601 Twinbrook Parkway
Rockville MD 20852
Telephone 800-822-8772

g. Furniture and furnishings for clinical, waiting, and lounge areas.

h. CONTACT LENSES when authorized by *AR 40-63*/*Navy Medical Command Instruction (NAVMEDCOMINST) 6810.1*/ Air Force Regulation (*AFR) 167-3*.

i. PROSTHETIC DEVICES, IMPLANTS, APPLIANCES, AND ACCESSORIES (*see AR 40-3*).

j. THE MEDCASE REQUIREMENTS: See *SB 8-75-MEDCASE*.

k. PRESCRIPTION SAFETY GLASSES: Prescription safety glasses are authorized solely for a specific job assignment per *AR 40-63*, *Technical Bulletin Medical 506 (TB MED 506*) and *Common Table of Allowances (CTA) 50-900*. Prescription safety glasses are authorized to members of the uniformed services only on a non-reimbursable basis. Procedures to obtain safety glasses for Federal civilian employees are contained in *TB MED 506*.

l. MEDICAL RESEARCH MISSION OR ENVIRONMENTAL LABORATORY MATERIEL: The laboratory commander must authorize this materiel.

3-22. LOCAL PURCHASE RESTRICTIONS

a. Purchase only Food and Drug Administration (FDA)-approved drugs; exceptions are listed *in AR 40-2* and *AR 40-7.*

b. Do not purchase vaccines and immunizing agents locally unless one or more of the following conditions have been met:

(1) The item is listed in the AMDF, FEDLOG UDR MEDCAT or MEDSILS
(2) The Army has approved or recommended the item for use
(3) The Surgeon General has specifically approved the item

c. Do not purchase nonstandard equipment, for which a standard comparable item is available, unless it provides features that are clearly needed in the health care service.

d. Do not purchase standard or nonstandard items needed for facility alterations, additions, expansions, or minor new construction before approval and funding of the construction project.

e. Follow the restrictions contained in the FAR and any supplements to purchase items of foreign origin.

f. Purchase infant transport under these conditions:

(1) When transport incubators or bassinets are used solely for ground transport. These items must be FDA approved.

(2) When infant incubators are used for air transport, The items must have been previously approved by the

U.S. Air Force Aeromedical Testing Branch
311 Human Systems Wing/YAML
Bldg. 160, Room 134
2485 Gillingham Drive
Brooks Air Force Base
San Antonio TX 78235-5105

g. Do not purchase or use investigational drugs without the prior written approval from TSG. Submit requests for approval to the U.S. Army Medical Materiel Development Activity (USAMMDA):

Commander, USAMMDA
ATTN: MCMR-UMZ
622 Neiman Street
Fort Detrick MD 21702-5009

AR 40-7 contains additional guidance on investigational drugs.

h. Do not purchase or issue drugs classified “ineffective 1A” by the FDA.

i. Do not purchase regulated medical items (see Glossary) and those authorized in major medical assemblages (SB 8-75 series) without approval of TSG.

j. Purchase orthopedic footwear for authorized individuals using guidance in *AR 32-4/DLAR 4235.18/AFR 67-125/Navy Supply Instruction (NAVSUPINST) 4400.70C/Marine Corps Order (MCO) 4400.137A, AR 700-84,* and *AR 40-3.*

k. Purchase hearing aids, batteries, and replacement ear molds through the medical supply channels from the DVA acquisition sources.

l. Do not purchase diagnostic imaging systems unless authorized by the USAMMA.

m. Purchase infant feeding formula using purchase orders, PRs, or BPAs. The IMSA/MEDLOG Bns/USAMMCE may receive formula at no cost as long as the authorized purchase order, PRs, or BPAs call numbers have been processed using prescribed procurement procedures established by the supporting contracting office.

n. Do not purchase investigational equipment not yet certified by the FDA without TSG approval. Submit requests for approval through command channels to

Commander, USAMEDCOM
ATTN: MCLO-O
2050 Worth Road, Suite 8
Fort Sam Houston TX 78234-6100

o. The installation’s preventive medicine service, in coordination with the safety committee, will define, develop, and/or review approval procedures for purchasing medical materiel locally. These procedures must mitigate potential harmful health and environmental effects. The MSO will request the Materiel Safety data Sheet(s) (MSDS) from the manufacturer.

p. Any equipment, supplies, or services offered to the U.S. Government by a contractor on a “no cost” basis will follow the procedures and regulations that are in:

(1) *AR 1-100* and *AR 1-101.*

(2) *FAR* and *DoD Federal Acquisition Regulation* (DFAR) Supplement (contract or purchase order).

q. The term “no cost” includes:

(1) Equipment, supplies, or services provided as a gift or donation to the government.

(2) Equipment or supplies provided to the U.S. Government for determining suitability for future purchases by the government, whether or not the items are consumed through use.

(3) Equipment temporarily loaned to the government.

(4) Equipment or supplies provided to the government either on a temporary or permanent basis, but conditioned upon purchase.

r. An evaluation must be made to determine total cost to the government under any of the methods described above. The evaluation should include all applicable costs

(i.e., consumable supplies, transportation, maintenance, training, site preparation, installation, and associated equipment).

s. If the contracting method is chosen as the most appropriate means of acquiring materiel or services, the following applies:

(1) A valid requirement must exist for the materiel or service.

(2) A provision will be included in the contract concerning the ownership and disposition of the “no cost” equipment and/or supplies in the event the contract is terminated or not renewed.

(3) Administrative or regulatory approvals required for automatic data processing, word processing, office automation system equipment, or MEDCASE will be obtained prior to submission of PRs to the contracting office, whether or not these items are offered at “no cost” to the government.

(4) A PR will be submitted per local procedures to the supporting contracting office. The PR will detail all known costs determined by the evaluation.

t. Property accountability will be established upon receipt of the property for all equipment items either as government owned or other-than-government owned, depending on the status of the equipment.

3-23. REQUISITIONING ITEMS IN SUPPORT OF MEDICAL EVACUATION

a. Annually the USAMMA will publish a list of items required in the medical evacuation system in the *SB 8-75 series*. This list includes a project code to be used when requisitioning these items for use in medical evacuation. During wartime, the USAMMA may announce additional items through messages as well as subsequent publications of the *SB 8-75 series*.

b. Submit requisitions citing the appropriate project code to DSCP. Only requisitions for medical evacuation purposes may cite this project code. The DSCP will fill the requisition from a special pool of assets, when available. The DSCP will also provide the appropriate MILSTRIP supply status. Materiel issued from this pool will consist of used, serviceable stocks rather than new, unused stocks. The DSCP will bill at:

(1) Ten percent (10%) of the standard unit price for those requisitions filled from the special asset pool and for issues of used, serviceable items made to support activities by IMSA/MEDLOG Bns/USAMMCE.

(2) Only ten percent (10%) of the standard unit price for issues of used, serviceable items made to support activities by IMSA/MEDLOG Bns/USAMMCE.
(3) The standard unit price for those requisitions not filled from the special asset pool.

3-24. PURCHASING SERVICES AND RENTALS

a. The *FAR*, as supplemented, provides guidance concerning contracting for personal and non-personal services. Non-personal services may be locally purchased. Examples of non-personal services are as follows:

(1) Repairs to medical equipment when in-house maintenance capability is inadequate

(2) Installation of equipment when not included with the original contract

(3) Consultation services.

b. Rent or lease equipment when:
(1) Needed to satisfy an emergency medical requirement
(2) Available only through lease
(3) The lease is more cost effective than purchasing

c. Follow property accountability guidelines for all rented or leased equipment.

3-25. PURCHASING SPECIAL DENTAL MATERIEL

a. The DSCP has established indefinite requirements contracts and DBPAs with various companies to purchase prosthodontic supplies, to include:
(1) Artificial teeth
(2) Facings
(3) Backings
(4) Mold guides
(5) Orthodontic supplies
(6) Partial denture casting alloys and accessories
(7) Other dental accessories and materiel

b. Purchase procedures for dental materiel are as follows:
(1) Use of the commercial distribution contracts or DSCP's ECAT program.
(2) Use of DBPAs by activities that provide orthodontic care.

3-26. MEDICAL EQUIPMENT AND PROVISIONED ITEMS

a. Medical equipment end items purchased for field use and requiring unique support and maintenance will be procured with the following provisioned items:
(1) Transportation/carrying case0
(2) Accessories and consumables required for item to be functional when received (3-day start-up kit)
(3) Operator and maintenance manuals (1 hard copy, 1 electronic copy)
(4) Training material, to include Operator & Maintenance materials
(5) Consumables and accessories item list

b. Medical equipment and provisioned items will be assigned a model-specific Acquisition Advice Code (AAC) "J" National Stock Number (NSN). The AAC "J" NSN will be used for procurement of the equipment items. The items to support and maintain the make/model specific medical equipment and provisioned items will be requisitioned using an AAC of "L."

c. Medical equipment and provisioned items can be Other Procurement, Army (OPA) or OMA funded as determined by the appropriation and budget activity account code of the Materiel Category Structure Code (MCSC) in the AMDF or FEDLOG.

d. The USAMMA will centrally fund all new components, both OPA and OMA, identified to a Unit Assemblage (UA) for Units being sustained. All other units are to keep their sets maintained to the as fielded UA listing. If a Unit Commander determines they are procuring the updates, notification to the USAMMA is requested.

e. The USAMMA messages will announce provisioned medical items, which are available on the USAMMA website (http://www.usamma.army.mil/).

f. Basic requisitioning procedures for all procurement appropriation provisioned medical equipment items are as follows:

(1) Prepare standard MILSTRIP requisitions per *AR 725-50*.

(2) Forward requisitions through appropriate Class VIII supply channels to the USAMMA for funding and requirement validation review.

(3) Use "AOE" or "AO5" as the DIC for all requisitions.

(4) Use "B69" as the RIC for all requisitions for AAC "J" end items to the USAMMA.

(5) Include a valid sole source justification with requisitions for AAC "J" NSNs. If not included, the requisition will be canceled and returned to the requesting unit.

(6) Use the requesting Unit's Department of Defense Activity Address Code (DODAAC) in the requisition's document number. If the supporting automated system requires the DODACC SSA in the document number, then identify the requesting unit in the supplementary address field. All requisitions will contain the original requester's complete document number and the in-the-clear name of the unit, i.e., 228th Combat Support Hospital (CSH), in the EXCEPTION DATA accompanying the requisition.

(7) Submit the requisition to the USAMMA by message with an information copy to the appropriate MACOM. Mail may be used as an alternative submission method. Do not submit requests for Procurement Appropriations provisioned medical equipment items through the DAAS.

(8) Include the following information in the exception data for each requisition (the requesting unit must furnish this information).

(a) Current authorization (MTOE and effective date).

(b) Unit Identity Code (UIC).

(c) Reason for shortage (that is, initial issue or replacement).

g. The USAMMA will forward all validated and funded requisitions to the appropriate contract vehicle for procurement.

3-27. PURCHASING REFERENCE BOOK SETS FOR MEDICAL MTOE UNITS

a. The MTOE and other Army authorization documents authorize the book sets for MTOE units. The Army Medical Department Center & School (AMEDDC&S) will:

(1) Determine the components of book sets.

(2) Review book sets annually.

(3) Publish through the USAMMA and USAPD, the revised component listings in the *SB 8-75-S9* (20 September 2005).

b. To obtain individual books for book sets:

(1) Use local purchase procedures (see instructions in *SB 8-75-S9* dated 20 September 2005).

(2) Use current general services, administration FSS, and FSG 76.

3-28. INVENTORY ACCOUNTING

Use the following accounting methods for stocks. These procedures apply to manual systems and logistics ISs.

a. The IMSA/USAMMCE/MEDLOG Bn maintains accountable records using guidance in *AR 710-2*, *DA PAM 710-2-2*, and this *SB*.

b. Other MTOE medical supply operations will maintain informal inventory accounting records. These records should be maintained per *AR 710-2* and *DA PAM 710-2-2*. Accurate maintenance of these records will maximize efficiency and accuracy of records and effectiveness of training.

c. Medical MTOE units will account for items stocked and for components of medical assemblages.

3-29. INVENTORY AND ADJUSTMENT

a. The IMSAs, MEDLOG Bn, USAMMCE, and other medical supply operations must follow procedures in *AR 710-2* and *AR 735-5*, *DA PAM 710-2-2* and *DFAS-IN Reg. 37-1*, when inventorying and adjusting medical stocks.

b. The HCA commanders (Lieutenant Colonel or above) will approve inventory adjustments for IMSAs. Delegation of this authority must follow the guidance set forth in *AR 735-5*. This authority cannot be delegated to the Chief of Logistics at a medical activity.

c. The goal for inventory adjustment (gains and losses) is to keep the adjustment below five percent of the RO/level dollar value per fiscal year (*AR 735-5*).

d. A disinterested officer appointed on orders will inventory controlled medical items monthly, to account for the items.

e. The MSO must conduct causative research on all lines having a dollar value adjustment of $1,000, and on all controlled item discrepancies regardless of value.

3-30. REQUISITION SUPPORT PROCEDURES FOR MEDICAL ACTIVITIES ORDERING EXPENDABLE, DURABLE AND NON-EXPENDABLE MATERIEL

a. Organizational elements of TDA HCAs will submit requests for;

(1) **Non-Medical Durable and all Non-Expendable** materiel to the supporting Property Management division/branch.

(2) **Medical Durable and all Expendable** materiel to the supporting Materiel division/branch.

Note: **Self Service Supplies** available through E-Mall will be ordered through established channels.

b. Units and activities having an assigned DODAAC will submit requests for expendable, durable, and non-expendable medical items to the IMSA/MEDLOG Bn/USAMMCE per *AR 710-2*, *DA PAMs 710-2-1* and *710-2-2*, and MACOM/Command Surgeon guidance. The IMSA/MEDLOG Bn/USAMMCE will arrange for the technical acceptance inspection of maintenance significant equipment before issuing to the requesting activity.

c. Requesting activities will designate personnel authorized to request and receive medical supplies and equipment. A DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) will be used for this purpose. Distinction will be made between

those authorized to order and receive controlled and sensitive items and other medical materiel. The IMSA/MEDLOG Bn/USAMMCE and other medical supply operations will maintain a current file of completed DA Form 1687s on customers. These procedures are outlined in *DA PAM 710-2-1*.

3-31. MATERIEL OBLIGATION VALIDATION

a. The IMSA/MEDLOG Bn/USAMMCE will:

(1) Conduct monthly customer due-out reconciliation [Materiel Obligation Validation (MOV)] with supported customers. The customers must complete a local reconciliation before the quarterly NICP MOV process begins (see *AR 725-50*).

(2) Review MOV requests with the customers to ensure proper use of funds and the need for continued supply action. Timely response in validating requests from supply sources is essential to ensure ongoing supply action and to prevent cancellation of the request.

b. The MTOE medical supply operations will validate requisitions per local IMSA/MEDLOG Bn/USAMMCE procedures for reconciliation. These MTOE medical supply operations will respond to IMSA/MEDLOG Bn/USAMMCE requests for MOV.

3-32. CONTROLLED MEDICAL ITEMS

a. Identification: The Drug Enforcement Administration (DEA) identifies drugs as controlled substances. The Federal Register and the *SB 8-75 series* contain a list of these drugs and changes that are published annually. The Federal Supply Catalog (FSC) identifies standard controlled substances as Notes “R” and “Q” in the notes column. The AMDF or FEDLOG identify these substances as Controlled Inventory Item Codes (CIICs) “R” and “Q.”

b. Schedule designations. The DEA assigns controlled substances to one of five schedules depending on the degree of control required.

(1) Schedule I - Substances/drugs having no accepted medical use in the U.S.

(2) Schedule II - Substances/drugs having a high abuse potential with severe psychic or physical dependence liability, identified as:

(a) Note “R” in the FSC.

(b) Controlled inventory item code “R” in the AMDF or FEDLOG.

(3) Schedule III - Substances/drugs having an abuse potential less than Schedules I and II substances, identified as:

(a) Note “Q” in the FSC.

(b) Controlled inventory item code “Q” in the AMDF or FEDLOG.

(4) Schedule IV - Substances/drugs having an abuse potential less than Schedule III substance, identified as:

(a) Note “Q” in the FSC.

(b) Controlled inventory item code “Q” in the AMDF or FEDLOG.

(5) Schedule V - Substances/drugs having an abuse potential less than Schedule IV substances, identified as:

(a) Note “Q” in the FSC.

(b) Controlled inventory item code “Q” in the AMDF or FEDLOG.

3-33. SECURITY PRECAUTIONS FOR CONTROLLED MEDICAL ITEMS

a. Controlled medical items such as controlled substances, tax-free alcohol, precious metals, and other items designated by the HCA commander, require security precautions and must follow the guidelines in AR 190-51 “Security of Unclassified Army Property”. Research, development, test, and evaluation facilities will follow the policies and procedures in *AR 70-65* when managing controlled substances, ethyl alcohol, and hazardous biological substances.

b. Only those Army Activities identified in the SB 8-75 series can requisition controlled substances from DSCP. The DLA system will ship only to those DODAACs cited.

3-34. REQUISITIONING CONTROLLED MEDICAL ITEMS

a. The MACOMs should submit requests for additions and deletions to the list of authorized requisitioners, with justification, through command channels to

Commander, USAMEDCOM
ATTN: MCLO-O
2050 Worth Road, Suite 8
FT Sam Houston TX 78234-6100

b. The USAMEDCOM Commander will:

(1) Advise the submitting command of approved and disapproved requests.

(2) Notify the USAMMA (MCMR-MMB-R) of all approved changes, who in turn, will coordinate with the DSCP. The USAMMA is the originator of the data and is the Service Item Control Center.

(3) Authorized requisitioners will:

(a) Establish procedures that ensure adequate supply support of controlled substances for satellite medical activities.

(b) Ensure that supported activities demonstrate a valid need for controlled substances before issuing.

(4) Unauthorized units should, if controlled substances are needed, contact the nearest authorized requisitioner for supply support.

(5) The DSCP will reject requisitions from unauthorized activities.

(6) Each month, the DSCP will provide MACOMs with a list of controlled substances issued to their subordinate units. The MACOMs will establish procedures with subordinate activities to reconcile the lists with local supply account records on a timely basis. Subordinate activities must report any discrepancies to MACOMs and the DSCP. In addition, the IMSA/MEDLOG Bn/USAMMCE will establish local procedures to reconcile orders from commercial distributors with actual quantities received.

3-35. LOCAL PURCHASE OF CONTROLLED MEDICAL ITEMS

a. All local purchases of controlled medical items must comply with DEA instructions.

b. The HCA commanders may designate a minimum number of essential personnel within the IMSA/MEDLOG Bn/USAMMCE or pharmacy, as authorized to sign exempt certificates for the purchase of controlled substances for official use. TDA activities utilizing DMLSS will enter schedules I and II in DMLSS as Off-Line Non Submit and utilize PO call number generated by DMLSS on DEA Form 225

(1) These designated individuals must be registered with the nearest DEA regional office by completing DEA Form 225 DEA Application Form. After registration, the DEA will furnish exempt officials the needed order forms (DEA Form 222, U.S. Official Order Form Schedules I and II) and instructions. Store order forms in a locked container. Each certificate must be renewed every 3 years.

(2) When a registered individual is replaced, the HCA will forward the registration and any unused order blanks to

DEA
ATTN: Registration
600 Army Navy Dr., 6th Floor-ODOC
Arlington VA 22202

(3) The OCONUS activities may submit requests to DSCP for their assistance in procuring controlled items.

3-36. STORAGE AND ISSUE OF INSTALLATION STOCKS OF CONTROLLED MEDICAL ITEMS

a. Physical security: Storage facilities will follow the physical security standards in *AR 190-51* for controlled medical items, other medically sensitive items, and all other items.

(1) Store stocks of controlled medical items in a security storage device commensurate with the type and quantity of materiel. The IMSA/MEDLOG Bns/ USAMMCE's Accountable Officer will request the local Provost Marshal to survey and document the adequacy of the security per *AR 190-51*.

(2) Safeguard note "R" controlled medical items at each storage location. As a minimum, the security storage device should be a vault of substantial construction with a steel door and combination or key lock. Where small quantities permit, use a safe or steel cabinet (General Services Administration (GSA) Class 5 or equivalent). If the safe or cabinet weighs less than 750 pounds, attach it to a permanent structure to prevent easy removal. New vault construction will meet the DEA's minimum-security standards of non-practitioner handling of Schedule I and II controlled medical items. Existing storage vaults should also include the following:

(a) An electronic alarm system, which, upon unauthorized entry, transmits a signal directly to the appropriate military or civilian law enforcement agency.

(b) A self-closing and self-locking device to be used during normal hours when the vault door is open (frequently called a "day gate").

(3) Store note "Q" controlled medical items in safes or vaults. Where space limitations preclude, store items in a locked cage or secure room that has limited access. New construction of cage storage areas will meet the DEA's security standards. Existing cage storage areas should also include the additional features listed above.

(4) Ethyl alcohol is classified as a Code "R" item. **The guidelines established in this SB for bulk storage of ethyl alcohol take precedence over *AR 190-51***

***and AR 40-3* until either is superseded**. Store ethyl alcohol in a flameproof container/cabinet or storage area that meets National Fire Protection Association (NFPA) and Occupational Safety and Health Administration (OSHA) standards for storage of a flammable product. To the maximum extent practical, meet the standards in *AR 190-51* for the storage of Code "R" items. However, NFPA and OSHA fire protection standards will take precedence over security requirements. As a minimum, keep the container/cabinet locked or in a secure storage area that has a limited access.

b. Managing controlled medical items.

(1) The HCA Commanders or Command Surgeons will appoint the MSO and at least one alternate to serve as the custodian of the activities' stocks of controlled medical items. The custodians/alternates will:

(a) Post all gain and loss transactions on a DA Form 1296 (Stock Accounting Record) for both stocked and nonstocked items.

(b) Maintain current security container designations and records, to include Standard Form (SF) 700 (Security Container Information), SF 702 (Security Container Check sheet), and reversible "OPEN-CLOSED" signs per *AR 380-5*.

(c) Maintain a record of receipts, issues, and stock balances on DA Form 1296 at the storage site. These records are in addition to the IS accountable stock records that are maintained by the appropriate materiel manager.

(d) Sign for registered mail, parcels, and expressed packages addressed to the IMSA/MEDLOG Bn/USAMMCE.

(e) Issue controlled medical items directly to an authorized recipient, preferably at the security storage site. The custodian must obtain a full signature of the recipient.

(f) Complete the stock record accounting at the storage site immediately after a transaction.

(g) Retain accountable records and supporting documents for three years after the date of the last transaction.

(h) Authorize all issues by editing the requisitions before issue.

(i) Analyze the transactions once each month.

(j) Investigate shortages and unusual requisitions or expenditures immediately; consult with supported activities when necessary; and take corrective action if needed.

(2) The MSO will restrict the issue of all controlled medical items by:

(a) Issuing DEA-designated controlled medical items to the HCA pharmacies for dispersal to patients, wards, clinics, and other areas of the hospital. Hospitals must maintain records of these items per *AR 40-2*.

(b) Issuing DEA-designed controlled medical items to other activities only when authorized by the HCA commander or Command Surgeon.

(c) Issuing tax-free alcohol to hospital pharmacy and laboratory activities and other activities authorized by the commander.

(d) Issuing precious metal, Precious Metal Bearing Scrap (PMBS), and chrome-based metals for dental use to the precious metals coordinators of supported Dental Activities. The coordinator is the only one who can turn in precious metals, PMBS, and chrome-based metals.

(e) Issuing instructions containing precious metals to supported activities authorized such items.

(f) Issuing controlled medical items to authorized Active and Reserve Component MTOE units with written approval from the unit commander.

(3) The local Provost Marshal will complete a local files check on vault custodians/alternates, warehouse personnel, and other personnel having access to controlled medical items or medically sensitive items per *AR 190-51*.

3-37. PERIODIC INVENTORIES OF CONTROLLED MEDICAL ITEMS

a. The HCA Commander or Command Surgeon will:
(1) Change disinterested inventory officer assignments each month.
(2) Provide written inventory procedures based on current Army regulations.

b. The aviation life-support equipment technician will inventory controlled medical items in aviation survival kits when the periodic inspection of the complete kit is completed.

c. The Dental Command and all activities will conduct an inventory of precious metals annually to coincide with the annual quality assurance statement.

d. The inventories and corrective action consist of the following:
(1) Agreement between all stock balances on accountable records at storage locations and the quantities on-hand and the accountable stock record. If these do not agree, they must be reconciled.
(2) Authentication of the balance on stock accounting records at storage locations for each line item inventoried. The inventory officer will:
(a) Make a separate line entry on DA Form 1296 to include the date, abbreviation "INV", quantity on hand, and legible payroll signature.
(b) Submit a report of the inventory to the HCA Commander or Command Surgeon and provide a copy to the IMSA/MEDLOG Bn/USAMMCE.
(3) Corrective actions to clear all discrepancies before the next inventory. The HCA Commander or Command Surgeon will report all irreconcilable shortages immediately to the local Provost Marshal for investigation to establish a basis for subsequent action.

3-38. SHIPMENT OF CONTROLLED MEDICAL ITEMS

a. The custodian of controlled medical items will select and prepare the controlled items for shipment. Items will be held in secure facilities until transferred to a carrier.

b. Separate shipping documents and packing lists will cover the shipments. Both should clearly indicate quantities shipped. For individual controlled substances, the shipping documents and packing lists should indicate "medical supplies." Obliterate all markings from external containers and remark with the term "medical supplies."

c. Ship the controlled medical items by registered parcel post (request return receipt) when securely packed for safe transit. All shipments must comply with weight and size limitations of the U.S. Postal Service.

d. A customs declaration tag is not required for shipments that have been addressed to a military organization by title (for example, Commander or Supply Officer) at U.S. military Post Offices OCONUS.

e. If controlled medical items cannot be shipped by parcel post because of weight or size restrictions, refer to *AR 55-355/NAVSUPINST 4600.70/ AFR 75-2/ MCO P4600.14B/DLAR 4500.3*.

f. Shipping documents for controlled medical items sent to or from any OCONUS destination will be marked as indicated in the following statement:

"SPECIAL CARGO - PLACE IN CUSTODY OF CARGO SECURITY OFFICER."

3-39. CONTROLLING NEEDLES AND SYRINGES

The HCA activities will maintain adequate control of needles to prevent misuse or access by unauthorized persons. The storage and security of needles are outlined in *AR 190-51*. Disposable syringes that do not have needles are exempt from this requirement.

3-40. OTHER ITEMS REQUIRING CONTROL

a. The MSO will keep a record of controlled medical items on a DA Form 3862 (Controlled Substances Stock Record). Units with a resupply mission will use DA Form 1296. A disinterested officer, appointed by the commander, will inventory and inspect the items monthly.

b. Where unit storage security is inadequate and operational and readiness is not unduly compromised, store controlled medical item components at the lowest supply level having adequate storage facilities. The supporting IMSA/MEDLOG Bn/USAMMCE may also store these items; however, using unit personnel will inventory the stocks monthly.

(1) When stored at an IMSA/MEDLOG Bn/USAMMCE, commingled with IMSA/MEDLOG Bn/USAMMCE stocks, controlled medical item components are:

(a) Considered contingency stocks.

(b) Assigned a unique project code, if applicable to automated systems.

(c) Inventoried by the IMSA/MEDLOG Bn/USAMMCE.

(2) When stored at an IMSA/MEDLOG Bn/USAMMCE in a container secured by the owning unit, the owning unit will inventory and survey the items.

(3) A Memorandum of Agreement (MOA) between the MTOE medical unit and the IMSA/MEDLOG Bn/USAMMCE will be established to ensure issue procedures of stored controlled medical item components are available when required for mission accomplishment.

3-41. REGULATED MEDICAL ITEMS

a. Medical materiel is a regulated medical item when one or more of the following conditions apply:

(1) The item affects the readiness of MTOE units.

(2) A centrally DA-managed funding program funds the item.

(3) Distribution and redistribution is controlled due to:

(a) Critical supply availability

(b) Unique physical properties of the item and/or its specialized use

b. For management and requisition processing purposes, identify regulated medical items as one of the following types:

(1) Procurement appropriation-funded medical equipment for MTOE units

(2) Medical Assemblages (see SB 8-75 series)

(3) Other specialized medical items whose distribution is centrally managed and controlled.

c. The AMDF or FEDLOG identifies regulated medical items as AAC "A".

d. Certain medical items may receive a temporary regulated medical item designation due to special distribution requirements. The USAMMA messages will announce the temporary regulated medical item status. These messages are available on the USAMMA website at: **www.usamma.army.mil**

e. Basic requisitioning procedures for all regulated medical items are as follows:

(1) Prepare requisitions per *AR 725-50*. Each year one issue of the *SB 8-75 series* will also describe the prescribed military standard requisitioning and issue procedures format. This issue will also contain any current, updated information on requisitioning procedures.

(2) Use "AOE" or "A05" as the DIC for all requisitions.

(3) Use "B69" as the routing identifier code for all requisitions to the USAMMA.

(4) Use the requesting unit's DODAAC in the requisition document number. If the supporting automated system requires the DODAAC be used in the document number, then identify the requesting unit in the supplementary address field.

(5) Place the original requester's complete document number and the in-the-clear name of the unit in the exception data accompanying the requisition.

(6) Transmit the requisition to the USAMMA by message with an information copy to the appropriate MACOM. Mail may be used as an alternative submission method. Do not submit requests for regulated medical items through the DAAS.

(7) Exception data is required for any requisitions for the following MCDM items:

- Doxycycline BT of 30s;
- Ciprofloxacin BT. of 30; and
- Pyridostigmine Bromide Tablets (PBT)

The required exception data is:

(a) Unit Identification Code (UIC); and

(b) Reason for the order, i.e., Individual Service Member initial issue requirement for deployment, component of MES - need Line Item Number s (LIN) of the set and quantity
on-hand, other missions). Please refer to *SB 8-75-S7*, dated 2006.

(c) Submit to MCMR-MMO-PM, fax COMM 301-619-4404 or DSN 343-4404.

f. Special requisition procedures are as follows:

(1) Submit requisitions for OPA funded MTOE equipment as follows:

(a) Enter code "GA" as the fund code.

(b) Enter a type requirement code (see *AR 725-50*).

(c) Identify the MES that the regulated medical item is a component of or related to in the exception data accompanying the requisition (for example, MES that comprises a unit's primary equipment authorization).

(d) Format and transmit ARNG requisitions per the *SB 8-75 series*

(2) Submit requisitions for MESs as follows:

(a) If funded by the requester, the requester will commit the appropriate OMA funds with stock fund code obligation from the requisitioner (for example, SSA).

(b) Enter a type requirement code (see *AR 725-50*).

(c) Include the following statement as exception data to USAR and ARNG requisitions: "Unit is authorized MESs by MTOE (provide MTOE number) and has capability to store and maintain the MESs."

(d) Include the current authorization, UIC, and reason for shortage, initial issue, or replacement as exception data with each requisition.

(3) Requisition other regulated medical items as follows:

(a) The requester will fund the items if a USAMMA message identifies the item for a special or centrally funded program.

(b) The USAMMA will identify special exception data in a message series.

g. Requisitions for MCDM require exception data as listed in e. above and in *SB 8-75-S7,* To route requisitions for regulated medical items (AAC "A"), follow these procedures:

(1) For CONUS and OCONUS active duty units:

(a) The requester submits requisitions to the supporting IMSA/MEDLOG Bn/USAMMCE.

(b) The IMSA/MEDLOG Bn/USAMMCE sends the requisition to the USAMMA with an information copy to the requester's MACOM.

(c) The USAMMA validates the requirement with the appropriate MACOM as required.

(2) For USAR units:

(a) The requester submits a requisition through normal channels, in accordance with supporting command's procedures.

(b) The Major Subordinate Command (MSC) validates the requirement and assigns funds for OMA Reserve-funded items.

(c) The MSC forwards the requisitions to the supporting IMSA/MEDLOG Bn/USAMMCE.

(d) The IMSA/MEDLOG Bn/USAMMCE sends the requisition to the USAMMA for validation.

(3) For ARNG units:

(a) The requester submits a requisition to the USPFO.

(b) The USPFO assigns funds for operations and maintenance, NG-funded items and forwards the requisition with a transmittal letter through

Chief, National Guard Bureau ATTN: NGB-ARS 111 South George Mason Drive Arlington VA 22204-1382	To	Commander, USAMMA ATTN: MCMR-MMO-PM Fort Detrick MD 21702-5001

h. The USAMMA procures and issues all regulated medical items.

i. The supplier will provide the shipping status to the USAMMA and requesting unit *per AR 725-50*. Requesting units should submit follow-ups to the USAMMA.

3-42. PRECIOUS METALS RECOVERY PROGRAM

a. The Precious Metals Recovery Program (PMRP) provides DoD activities with guidance and the requirements for the identification, accumulation, recovery, and refinement of precious metals from excess and surplus end item, scrap, hypo-solution, and other PMBS. The program's purpose is three-fold:

(1) To promote the economic recovery of precious metals.

(2) To use recovered precious metals for internal DoD purposes or as Government Furnished Materiel.

(3) To protect the environment from excess discharges of silver concentrations in waste effluent.

b. The PMRP recovers gold, silver, and platinum family metals from excess and surplus property. The platinum family includes platinum, palladium, iridium, rhodium, osmium, and ruthenium.

c. The DLA is responsible for administering and monitoring the PMRP. DoD activities are responsible for program participation, to include the identification and the transfer of PMBS to the local Defense Reutilization and Marketing Office (DRMO). The DRMO accumulates and ships PMBS to a recovery contractor for refining. The recovery contractor deposits the refined precious metal to the Defense Industrial Supply Center (DISC) account. The DISC issues the precious metal as government furnished material to government contractors at a minimal charge in return for an equal reduction in cost for manufacture of government products that use these metals.

d. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) will insure that MTFs have procedures in place to properly characterize wastes from photo processing (x-ray).

e. The RMC and Command Surgeons will:

(1) Develop a program for the recovery of precious metals by following the guidance in *DoD 4160.21-M*.

(2) Establish program procedures either as a supplement to *SB 8-75-11* or as a separate command regulation for:

(a) Recovering PMBS
(b) Safeguarding recovery equipment and reclaimed scrap
(c) Training using activity personnel
(d) Turn-in of scrap to collection points
(e) Control of the program
(f) Testing of equipment for effectiveness and safety
(g) Disposal of PMBS
(h) Documenting the quantities recovered and their disposition.

(3) Establish central collection points at HCAs. These activities will accumulate, report, and ship precious metals and PMBS.

f. Each HCA commander will appoint a Precious Metals Coordinator (PMC) to manage an internal PMRP. At the generator level, at least one Precious Metals Monitor (PMM) will be appointed to ensure the recovery of PMBS within the assigned area of responsibility.

g. Each PMM will assign a document number for each turn in of PMBS, based on local HCA procedures.

h. All high purity gold and silver PMBS will be managed as controlled substances. DA Form 3949 (Controlled Substances Record) will be maintained at the user level to record receipt, issues, and turn-in of PMBS except for fixer solution and scrap film.

i. Each MEDDAC/MEDCEN PMC will maintain a DA Form 1296 for each precious metal and PMBS item.

j. The recovery of silver from spent x-ray film developing solutions is an important element of the program; in some cases the costs to comply with applicable environmental regulations can make recovering the silver uneconomical. Activities may use commercial sources for silver recovery as long as these commercial sources comply with applicable Federal, State, and local environmental laws and regulations.

k. Spent fixer solution should not be discharged to the sanitary sewer system, even after silver recovery processing, unless the silver content of the effluent is less than limits prescribed by the Federal, State, and local laws.

3-43. RADIOACTIVE MATERIEL

a. Commanders of HCAs using radioactive materiel will designate, in writing, a radiation safety officer (See *AR 40-14*/*DLAR 1000.28* and *TB MED 525*). This officer will:

(1) Control, receive, issue, store, and dispose of radioactive materiel

(2) Comply with Nuclear Regulatory Commission licenses and Army authorizations

(3) Advise local fire authorities of the type, quantity, and locations of concentrations of radioactive materiel that may pose a hazard in an emergency.

b. The HCA will acquire and control radioactive materiel per *TB MED 525*, *AR 385-11*, *10 Code of Federal Regulations (CFR)*, and the conditions of the activity's NRC license or Department of the Army Radiation Authorization.

3-44. HAZARDOUS MATERIAL/WASTE MANAGEMENT PROGRAM

a. The AMEDD develops and procures hazardous material in such a way that minimizes potential hazards to public health and the environment. The applicable functions included in this development and procurement are:

(1) Research
(2) Development
(3) Testing
(4) Production
(5) Handling
(6) Use
(7) Storage
(8) Transportation
(9) Disposal

b. The *AR 200-1* addresses responsibilities and procedures of the hazardous material/waste management program. The *DoD 4160.21-M*, *AR 420-49,* and *AR 40-5* and *SB 8-75 series* define responsibilities and procedures for managing hazardous

materials and waste. The Military Item Disposition Instructions (MIDI) and Military Environmental Information Source (MEIS) contain technical guidance for disposal of small, unused quantities of medical materiel, hazardous waste, non-regulated special waste, Regulated Medical Waste (RMW), and excess medical materiel. To obtain this guidance, contact

Commander, USACHPPM
ATTN: MCHB-TS-EHM
5158 Blackhawk Road
Aberdeen Proving Ground MD 21010-5403

If any of these publications contain conflicting guidelines, follow the most stringent.

c. The unit's radiation safety officer will control and manage the disposition of all radioactive waste.

d. The HCA commanders must dispose of non-Resource Conservation and Recovery Act medical, dental, and veterinary supplies, hazardous waste, non-regulated special waste, and RMW (See *ARs 200-1* and *40-5* and *SB 8-75 series*). Commanders must dispose of all materiel and wastes in a manner that:

(1) Protects human health and the environment.

(2) Complies with appropriate Federal, state, local, U.S. Army, and host-nation regulations.

e. The HCA commanders will implement the pollution prevention program to the maximum extent possible. The Army's goal is to reduce the quantity or volume and toxicity of pollution whenever economically possible. The pollution prevention program's goals are to minimize the use of disposable items; expand the use of reusable materials and returnable containers; promote the use of minimum packaging; and recycle to the maximum extent practicable. Items that reduce or eliminate pollution will be used or introduced into the system whenever economically possible.

f. Commanders must implement the hazard communication program per *29 CFR 1910.1200* and DoD Instruction (*DoDI) 6050.5*. The HCA will provide and document appropriate training to persons who manage, use, store, transport, and/or ultimately handle or come into contact with hazardous materiel or waste.

g. The management of hazardous material and waste and RMW will include the following:

(1) Separation of hazardous waste and RMW from the general waste stream at the point of generation. RMW mixed with general wastes must be disposed of as RMW.

(2) Recommendation and development of local segregation policies by the infection control committee to the commander per *AR 40-5* and Federal, state, and local regulations. Generally, RMW can include:

(a) Cultures and stocks of infectious agents
(b) Associated biological, pathological waste
(c) Blood wastes
(d) All used and unused sharps
(e) Animal waste
(f) Infectious waste

(3) Training of all employees on segregating hazardous waste and RMW.

(4) Maintaining adequate control of all hazardous waste and RMW to prevent unauthorized access.

(5) Collecting, storing, transporting, and disposing of hazardous waste and RMW (See *AR 40-5*).

(6) Tracking all hazardous waste and RMW from collection to final destination.

3-45. ACCOUNTING FOR IMPLANTABLE MEDICAL DEVICES

a. Implantable medical devices, such as pacemakers, drug infusion pumps, insulin delivery systems, and similar items, will be requisitioned by the using clinical department from the IMSA/MEDLOG Bn/USAMMCE (United States Army Medical Materiel Center Europe).

b. DHP funds will be charged for these items regardless of cost. The items will not be accounted for on the activity property book.

c. A record of the requisition, receipt, and implant of the devices will be maintained by the clinical department requesting the item. This record should be in sufficient detail to meet audit requirements and notification of the patient in case of medical device alert or recall by the manufacturer. The patient's medical record must also be annotated with the appropriate data. Essential elements of information include the patient's name; Social Security Number; manufacturer, make, model, and serial number of the device; requisition number; and date implanted.

d. The reporting and tracking requirements of *21 CFR* applies.

3-46. SHIPMENT DISCREPANCIES

a. When shipments received by the IMSA/MEDLOG Bn/USAMMCE are deficient in quantity or condition, the Accountable Officer (or alternate) will inspect the shipment. See these publications:

AR 55-38
NAVSUPINST 4610.33
AFR 75-18
MCO P4610.19
Defense Logistics Agency Regulation (DLAR) 4500.15
AR 710-2 and *AR 735-11-2*
DLAR 4140.55
Secretary of the Navy Instruction (SECNAVINST) 4355.18
AFR 40-54

b. The manufacturers are only obligated to provide MSDS with the initial shipment of hazardous materials and with the first shipment after an MSDS has been updated. If the MSDS does not accompany a shipment of hazardous materials, the activity must obtain an MSDS from the manufacturer as soon as possible.

c. The PV deficiencies in quantity or condition will be handled per procedures established in the PV statement of work.

d. The IMSA/MEDLOG Bn/USAMMCE will adjust and report any discrepancies. The discrepancy reports most commonly used for medical materiel are:

(1) Standard Form (SF) 361 (Transportation Discrepancy Report; Use this report to report damage or loss attributable to a carrier or improper carrier facilities,

and is to be prepared in coordination with the installation transportation office. See these publications:

AR 55-38
NAVSUPINST 4610.33
AFR 75-18
MCO P4610.19
DLAR 4500.15

(2) The SF 364 [Report of Discrepancy (ROD)]: Use this form to report supply and packaging discrepancies that are obviously the responsibility of the supplier or supporting supply activity (see these publications):

AR 735-11-2
DLAR 4140.55
SECNAVINST 4355.18
AFR 40-54 and AR 12-12
DLAR 4140.60
SECNAVINST 4355.17A
AFR 67-7

(3) Serious Incident Report: This is used to report theft or suspected theft on high-dollar-value items or controlled substances (see these publications:

AR 735-11-2
DLAR 4140.55
SECNAVINST 4355.18
AFR 40-54
AR 190-40

e. Distribute copies per the governing regulation.

f. The IMSA/MEDLOG Bn/USAMMCE may request assistance when discrepancies cannot be satisfactorily resolved from:

(1) DSCP,
(2) DLA customer assistance teams, or
(3) The USAMMA.

g. The MTOE medical supply operations will report supply discrepancies to the supporting IMSA/MEDLOG Bn/USAMMCE per local procedures.

3-47. UNSATISFACTORY LOCAL PURCHASE SUPPORT

Reports of local purchase support that adversely affect the health care mission and cannot be resolved within channels should be forwarded through USAMEDCOM to OTSG. The reports should contain:

a. A point of contact (POC)
b. A statement of the problem
c. Actions taken to resolve the problem
d. Applicable documentation.

3-48. EXCESS EQUIPMENT MANAGEMENT PROGRAM

a. The USAMMA manages the Excess Equipment Management Program (EEMP) for the USAMEDCOM. The goals of the EEMP are to:

(1) Ensure timely and cost effective identification of excess equipment.

(2) Eliminate excess medical materiel: Any materiel on-hand and no longer required to satisfy any mission requirement should be considered as excess. Excess materiel must be:

(a) Consumables in condition code "A"

(b) Equipment that is serviceable or economically repairable

(3) Manage excess materiel as a displaced resource that consumes resources and detracts from primary mission accomplishment.

(4) Aggressively report and advertise excess materiel to:

(a) Enhance asset redistribution and use

(b) Reduce disposal requirements

b. The EEMP applies to ARNG, USAR, and all AMEDD activities.

3-49. REPORTABLE AND NONREPORTABLE EXCESS MATERIEL

a. The IMSA/MEDLOG Bn/USAMMCE will report excess materiel through the source of supply. To determine what is excess, the reporting activity must compare current, on-hand materiel with active acquisitions and requirements. The TAMMIS/DMLSS is an automated tool for assisting in this process and recommends materiel to be considered as excess. TDA activities will utilize DMLSS for excess accountability and reporting.

(1) The USAMMA must approve all lateral transfers of equipment greater than the MEDCASE high dollar threshold.

(2) Equipment less than the MEDCASE high-dollar threshold can be laterally transferred without the USAMMA's approval.

b. Reportable non-expendable or expendable excess materiel can fall into one of the following categories:

(1) Non-expendable:

(a) Medical equipment with a line item value that is consistent with current MEDCASE high dollar value threshold.

(b) Serviceable nonstandard medical equipment with a line item dollar value of $2,500 or above.

(c) Regulated medical items identified with AAC "A" in the AMDF or FEDLOG. This includes MESs listed in the SB 8-75 series or critical aeromedical evacuation equipment, such as patient monitors, defibrillators, pulse oximeters, and suction pressure apparatuses.

(d) Medical materiel with recoverability codes "D", "K", or "L" regardless of the condition code.

(e) Equipment possessing electrical characteristics unique to a command (220 volts, 50 hertz (HZ)).

(f) Equipment (audiovisual, radioactive, or telecommunications) requiring special disposal procedures.

(g) Automated Data Processing Equipment.

(2) Expendable and durable excess medical materiel:

(a) Standard or nonstandard with a line item value of $500 or more.

(b) Repair parts with a purchase cost of $100 or more.

(c) Compressed gas cylinders (see *AR 700-68/DLAR 4145.25/ NAVSUPINST 4440.128C/MCO 10330.2C/AFR 67-12*).

(d) Aeromedical Evacuation materiel: This materiel could include litters and mattresses, pillows, blankets, litter straps, and patient restraints.

c. The IMSA/MEDLOG Bn/USAMMCE must dispose of or destroy excess materiel not meeting the criteria above. Destruction or disposal can be completed through the use of:

(1) Government awarded pharmaceutical return contracts.
(2) Contracts with other DoD medical facilities.
(3) Contracts with DVA.
(4) Other Government Agencies (National Institute of Health and Public Health Services).
(5) Government awarded disposal contracts.
(6) Supporting Defense Reutilization and Marketing Office (DRMO).

d. The IMSA/MEDLOG Bn/USAMMCE will transfer the excess materiel at no cost to the receiving activity. The shipping cost will be borne by the losing activity.

e. Non-reportable excess materiel follows:

(1) Non-expendable:

(a) Uneconomically repairable equipment with no recoverability code
(b) Equipment where the manufacturer no longer exists
(c) Equipment that lacks a model or part number
(d) Equipment that is no longer made or has exceeded its life expectancy (*TB MED 7* or manufacturer literature)
(e) Equipment with a condition code “F”

(2) Expendable and durable:

(a) Materiel with an expiration date of 3 months or less
(b) Refrigerated and freezer items
(c) Veterinary items.

(3) Miscellaneous materiel:

(a) Medical books and scientific journals (see *AR 40-2*): In OCONUS, MTOE units should turn in obsolete, unserviceable excess medical books to the supporting medical facilities with the appropriate MACOM/Command Surgeon approval. Volumes containing official AMEDD history will be sent to:

Director, Center of Military History
ATTN: DAHM-HM
Washington DC 20314-0200

(b) Radioactive materiel (see *AR 385-11*)
(c) Flags and Guidons (see *AR 840-10*).

3-50. REPORTING EXCESS

a. The IMSA/MEDLOG Bn/USAMMCE must report any reportable excess materiel monthly in the form of a manual or automated report. The *AR 725-50* prescribes the codes for the automated report.

b. The RMC/MSCs will establish manual reporting procedures for non-expendable and expendable excess materiel within their command. The USAMMA will establish manual reporting procedures for the USARC, ARNG, CONUS, and OCONUS activities not supported by an RMC.

(1) Examples of manual reporting procedures for non-expendable materiel follow:

(a) For regulated medical items to include MES, include the set control code, estimated dollar value or shortages, and a statement of the set's condition. Aeromedical evacuation materiel and equipment is reported per procedures in *AR 40-538*/ Department of the *Navy Bureau of Medicine and Surgery Instruction (BUMEDINST) 6700.2B/AFR 167-5*.

(b) For equipment requiring special disposal procedures, report through the commodities NICP or the responsible governing agency.

(2) The RMC/MSCs will establish manual reporting procedures for expendable materiel. One category of expendable materiel requiring specific reporting is compressed gas cylinders. These cylinders should be reported for turn-in by using the NSN of an unserviceable (empty) cylinder.

c. The AMEDD TDA activities will use DMLSS ETM to report non-expendable equipment. Activities using DMLSS ETM will report equipment excess in accordance with the procedures outlined in Chapter 5, Para 5-9b. The MTOE units will follow guidance from either their MACOM or the USAMMA when using the Standard Property Book System - Redesign. The MTOE can only generate excess non-expendable equipment through a change of the MTOE authorization document, fielding plans, and/or deployment/contingency.

(1) The Property Book Officer (PBO), when using DMLSS ETM, will establish excess property records for reportable excess equipment. The USAMMA coordinates the report of excess equipment worldwide for redistribution.

(2) Automation equipment requires specific automated reporting procedures (see *AR 25-1*). The AMEDD activities will establish an Automation Resources Management Systems account with the Defense Automation Resources Management Program to report excess automation equipment per *DoD 7950.1M*.

d. The RMC/MSC will require the following information on manual or automated excess reports:

(1) Nomenclature, make, and model number
(2) NSN, if assigned
(3) Date placed in service
(4) Quantity
(5) Line item dollar value
(6) Condition code
(7) Local point of contact

3-51. QUARTERLY EXCESS REPORT TO THE USAMMA

The RMC/MSCs will report the excess equipment/materiel redistributed through the EEMP to the USAMMA on a quarterly basis. This consolidated excess report is due no later than the 20th of January, April, July, and October of each year. Figure 3-1 shows the proper format for the RMC/MSC consolidated excess report.

QUARTERLY REDISTRIBUTED EXCESS EQUIPMENT/MATERIEL REPORT	
Date Prepared _____	
Value of reported excess equipment	$_____
Value of redistributed excess equipment	$_____
Distribution of excess equipment/materiel:	$_____
Within the RMC/MSC	$_____
Outside the RMC/MSC	$_____
Through DRMO to Other Activities	$_____
To Department of Labor, state, or local facilities	$_____
To USAR or ARNG	$_____
Value of redistributed excess equipment equal to or greater than current MEDCASE high dollar value	$_____
Value of redistributed excess equipment not advertised	$_____
Value of excess equipment turned in to DRMO not listed on excess report	$_____
Value of excess equipment turned in to DRMO and listed on excess report	$_____
Total dollar amount of excess equipment turned in to DRMO	$_____

Figure 3-1. Format of the Quarterly Distributed Excess Equipment/Materiel Report

3-52. ADVERTISING EXCESS

a. The RMC/MSC will establish advertising procedures within their health care boundaries for excess equipment and materiel. The RMC/MSC will consolidate and screen all excess reports from their supporting activities. The RMC/MSC will satisfy any requirement within the command during the screening process.

b. The RMC/MSCs will advertise excess materiel distributed throughout the command for no longer than 15 calendar days. If an organization outside of the RMC/MSC command boundaries requests an item on the advertised excess list, the RMC/MSC must request an exception to the redistribution priority scheme from the USAMMA. Lateral transfer procedures will apply (see *AR 710-2*). After the 15-day period, RMC/MSC will submit the consolidated excess materiel report to the USAMMA.

c. The USAMMA will consolidate the excess reports from the RMC/MSCs. The consolidated excess report will be distributed worldwide for advertisement purposes via message format and the USAMMA home page. After the 30-day advertisement period, the IMSA/MEDLOG Bn/USAMMCE can process the unclaimed, unwanted equipment or materiel through the DRMO.

3-53. REDISTRIBUTING EXCESS

a. The USAMMA manages excess equipment/materiel redistribution Army wide. The USAMMA will follow the sequence below to redistribute assets:

- USAMEDCOM
- Other MACOMs
- DoD activities
- Other Federal agencies
- Local redevelopment authority
- DRMO

b. The **losing** activity will:

(1) Notify the gaining activity of the transfer arrangements.

(2) Complete all necessary documentation per *AR 710-2* to facilitate the transfer.

(3) Ensure that appropriate maintenance personnel technically inspect the equipment to be transferred. A DA Form 2407 will be completed and sent with the equipment.

(4) Ensure equipment is properly packed, crated and shipped per *AR 746-1*. The following must accompany the shipped equipment:

(a) Supporting supplies (expendables) and accessories
(b) Repair parts and listing
(c) Operator and technical manuals and manufacturer literature
(d) The maintenance history/records, to include the DA Form 2407.

(5) Receive a signed copy of the completed lateral transfer document.

(6) Notify the Resource Management Office to have the LIN deleted from the TDA, if applicable.

(7) Delete the property record.

(8) Maintain the lateral transfer documentation for two years.

c. The **gaining** activity will:

(1) Notify the USAMMA of the requirement for excess equipment/materiel.

(2) Arrange the transfer with losing activity's point of contact.

(3) Upon receipt of the excess equipment:

(a) Inspect transferred equipment for damage and resolve discrepancies with the losing activity. If improper packaging is suspected, notify the USAMMA.

(b) Sign and return a copy of the lateral transfer document to the losing activity within 3 days.

(4) Establish a property book record within 3 days of receipt.

(5) Submit DA Form 2028 (Recommended Changes to Publications and Blank Forms) to their Resource Management Office to add the LIN to the TDA, if applicable.

(6) Maintain accountability for the transferred equipment throughout its life cycle.

3-54. DISPOSAL THROUGH DRMO

a. The IMSA/MEDLOG Bn/USAMMCE will manage medical materiel turn in from installation and area activities to the DRMO. Other medical supply operations will turn-in materiel through the IMSA/MEDLOG Bn/USAMMCE to the DRMO. The IMSA/MEDLOG Bns/USAMMCE will establish local procedures to minimize redundant storage and

handling of turn-in materiel. When conditions permit, PBOs may establish equipment turn-in procedures directly to the DRMO, without physically moving the items through the IMSA/MEDLOG Bn/USAMMCE storage facility. The IMSA/MEDLOG Bn/USAMMCE must approve these procedures. The IMSA/MEDLOG Bn/USAMMCE should process and approve documentation for materiel turn in with condition codes that indicate a continued value to the government. This materiel will move directly from the unit to the DRMO. The PBO may turn in medical equipment with condition codes "H" and "S" directly to the DRMO. The IMSA/MEDLOG Bn/USAMMCE will:

(1) Report the materiel turn-in to the DRMO

(2) Provide technical assistance to the DRMO as required

b. The DRMO will process materiel requiring special handling as follows:

(1) Medical materiel that is unserviceable, uneconomically repairable, or otherwise unsuitable for use will be marked

"**CONDEMNED - NOT FOR PATIENT CARE**"

Medical materiel determined to be hazardous, where the hazardous condition cannot be repaired, will be clearly marked and tagged to state the nature of the hazard. This marking will render the materiel unusable for its intended purpose before turn-in.

(2) Serviceable stock/materiel with lot or batch numbers and an acquisition cost of $500 or more per lot or batch number will be processed according to *DoD 4160.21-M*. Examples are as follows:

(a) The FSC 6505 - Drugs, Biologicals and Reagents (excluding filled gas cylinders) will **not** be disposed through the DRMO. The IMSA/MEDLOG Bn/USAMMCE may request DRMO assistance in reutilization or donation of non-controlled, non-hazardous drugs following the procedures outlined in *DoD 4160.21-M*.

(b) The FSC 6510 - Surgical Dressing Materiel

(c) The FSC 6515 - Sutures Only.

(3) Compressed gas cylinders will be prepared for turn-in as prescribed in *AR 700-68/DLAR 4145.25/NAVSUPINST 4440.128C/MCO 10330.2C/ AFR 67-12*, prior to transfer to the DRMO. As an alternative, IMSA/MEDLOG Bn/USAMMCE may contract for gas cylinder disposal with vendors who are licensed in accordance with Federal, State, and local laws.

(4) The IMSA/MEDLOG Bn/USAMMCE will retain physical custody of standard and nonstandard pilferable items listed below until disposition instructions are provided by the DRMO.

- Medical items containing recoverable amounts of precious metals. The IMSA/MEDLOG Bn/USAMMCE should precisely mark the items so that disposal personnel may take special handling precautions (see *DoD 4160.21-M*). Standard pilferable items are identified as Note "M" in the FSC and as Recoverability Code "A" in the AMDF or FEDLOG.
- Standard precious metals. These are identified as Note "R" in the Federal Supply Catalog.
- Tax-free alcohol and serviceable hypodermic needles and syringes: Clearly identify before transferring to the DRMO to ensure special processing (see *DoD 4160.21-M).*

(5) Unexposed medical and dental film, which is not expired, will be disposed through the precious metals recovery program.

c. The MACOM/Command Surgeons will establish property disposal policies and procedures based on local command and DRMO procedures and the above guidelines.

d. Medical materiel eligible for disposal may be designated for training with the HCA commander's approval. Items approved for training use will be clearly identified with a "FOR TRAINING ONLY" label to prevent accidental use on actual patients. Medical personnel must ensure that approved training materiel has been properly disposed after the training mission. Expired drugs, biologicals, intravenous solutions, and reagents may be used for training purposes.

e. To prevent needed medical materiel from being transferred or disposed prematurely, obtain professional guidance from outside Logistics Division, e.g., pharmacy, pathology/laboratory, radiology departments, as to the materiel's further or potential use.

3-55. DISPOSITION AND REPLACEMENT CREDITS FOR EXPIRED DRUGS, BIOLOGICALS, AND REAGENTS

a. The IMSA/MEDLOG Bn/USAMMCE can use pharmaceutical returns contracts for expired drugs and biologicals. These contracts are with companies who remove expired drugs and biologicals from an activity and obtain credits from pharmaceutical manufacturers for these unserviceable products. The companies then return the credits to the PV which the activity can use for the procurement of new pharmaceuticals. For pharmaceuticals where no credits can be obtained, the company must destroy the unserviceable materiel per Federal, state, and local laws.

b. The IMSA/MEDLOG Bn/USAMMCE will use existing AMEDD-wide pharmaceutical returns contracts. No facility will enter into a local contract for pharmaceutical returns (even if it is more advantageous) without prior coordination with the USAMEDCOM, MCLO-O. The supporting contracting office will award local contracts per procedures in the FAR.

c. The pharmacy service of an HCA can dispose of expired drugs, biologicals, and reagents in one of two ways.

(1) Turn-in expired stocks to the supporting IMSA/MEDLOG Bn/USAMMCE.

(2) Use a pharmaceutical returns contract.

d. Some pharmaceuticals contain constituents that result in products being classified as hazardous waste upon expiration. All activities will determine the appropriate disposal code for the expired products and will dispose of products identified as hazardous through the installation approved hazardous waste disposal procedures.

3-56. CUSTOM ARMY REPORTING SYSTEM (CARS)

a. The AMEDD is required by DoD to significantly reduce non-productive expenses (interest penalties) for cost savings across the AMEDD. The U.S. Army MEDCOM Chief of Staff will monitor interest payments for reductions by RMC/MSC during quarterly Command Management Reviews.

b. Delinquent receiving reports over 30 days are incurring costly interest penalties to MEDCOM. The Assistant Chief of Staff for Logistics (ACSLOG) goal is to ensure those Personnel who are responsible for completing receiving reports provide them to

Vendor Pay Offices within five working days of delivery or completion of services in accordance with DFAS-IN 37-090102F. Meeting this goal can be best accomplished through electronic submission of invoices and receiving reports in WAWF–Receipt and Acceptance (WAWF-RA).

c. Assistant Chief of Staff for Resource Management (ACSRM), Finance and Accounting Office (F&AO) developed a web-based program that allows activities to monitor contract payments. The CARS program tracks financial transactions within the DFAS. The program extracts data almost daily from the DFAS-SA Commercial Accounting and Payment System Worldwide (CAPS-W), which provides payment status on contracts.

d. Logistics Divisions will monitor their contracts using the CARS tool as often as required or at least monthly to prevent aged invoices from accumulating interest penalties. All Invoices 15 days and older are of particular concerned; these require immediate attention and must be worked. Contract payment information can be reviewed by installation name, DODAAC and Allotment Serial Number (ASN).

e. The CARS report is located on the MEDCOM ACSRM website at http://www.medcomrm.amedd.army.mil. The instructions below will assist in assessing the report.

(1) At the website, select "Finance & Accounting" tab from the menu on the left and select Home Page.

(2) From the menu select Vendor Pay/WAWF (Wide Area Work Flow).

(3) Click on "CARS Report" from the drop-down menu, select "Save", and save the file under your "Desktop". When prompted close the dialog box and exit out of the website.

(4) on your "Desktop" click on the cars.exe icon and select Run in the dialog box. Click unzip to save database files to default location C:\CARS, select "OK" and close to exit zip program.

(5) Data can be retrieved in several ways. The recommended procedures for data retrieval is to access "My Computer", go to the "C" drive and open the CARS folder and double-click the **CarsNG.MDE** file. The file may also be retrieved by opening the Microsoft ACCESS CARS Program, double-click on "more files" and select the C drive in the "look-in" window. Double-click the CARS folder then open the **CarsNG.MDE** file to execute the program.

(6) The "main menu" screen will open to view "Invoices without Rec. Reports". Six icons are available; choose the first icon (Invoice Details). Go to the "Filter By" dialog box and click on "DODAAC" to find a specific activity. Choose the DODAAC from the drop down menu and select "Run that Puppy" to run the query. Review the report for the Element of Resources (EOR) 26 and 31 (supplies and equipment) to determine current billing status at DFAS-SA for any pending receiving reports or outstanding invoices.

f. Logistics Division reviewing/submitting receiving reports must pay close attention to the received date, projected interest amount, and the EOR column. The received date column is the date DFAS received the vendor's invoice and alerts the activity to submit their receiving report to DFAS. The projected interest amount column represents the projected interest amount payable on the **Amount Clin** column. Interest penalties begin to accrue when invoices are overdue 30-days.

3-57. WIDE AREA WORKFLOW – RECEIPTS AND ACCEPTANCE

a. All MEDCOM activities are required to utilize the DoD e-commerce initiative, WAWF-RA, for contractual goods and services not purchased by credit card or convenience check. This initiative, which uses existing systems compliant with the Prompt Payment Act, will decrease interest penalties. The DoD paperless contracting initiative was created in response to the DoD Comptroller Management Reform Memorandum #2, 21 May 1997, "Moving to a Paper-free Contracting Process by January 1, 2000".

b. The WAWF-RA enables vendors and government officials to electronically access and process the documentation to generate payment for goods and services. This is done by utilizing contracts, invoices and receiving reports within a web-based system.

c. The WAWF-RA offers important benefits to the Logistics, Resource Management and Finance communities.

(1) Users have global access to basic and supporting documents to reduce the need for re-keying, improve accuracy, and provide real-time processing with access to documents status. Users will no longer handwrite information, manually fax, or mail forms to DFAS.

(2) Users have instant visibility of contracts, thus eliminating the 5-day waiting period required by Contracting to forward paper documents and complete receiving reports. The DFAS will have all documentation required to pay vendors, which minimizes late interest penalties.

d. The Chief of Logistics' key role in WAWF-RA implementation is to ensure receiving reports are promptly signed and submitted electronically IAW DFARS, Appendix F-401 standards. The following guidelines are provided:

(1) Activities will operate only at the assigned basic DODAAC address level. Activities utilizing extensions, Accounting Processing Code (APC), dummy DODAAC, or equivalent will be dropped from WAWF.

(2) Activities receiving goods and services must record the receipts upon delivery or completion of services. Medical Maintenance and Property Management will ensure they receive and process receipts prior to completing technical inspections, calibration, or equipment system tests.

(3) Commercial items and services are not subject to extended acceptance periods. The inspection and acceptance process must be completed within five working days unless contract specifications state otherwise.

(4) Activities will forward receiving reports to the designated DFAS by the fifth working day after acceptance, or as otherwise specified in the contract.

e. Designated Logistics personnel will have their computers configured with WAWF-RA and will then complete the DD Form 2875, System Authorization Access Request Form, available at https://wawf.eb.mil. Submit the DISA form and then self-register at the site. Users are highly encouraged to register with the Electronic Document Access located at http://eda.ogden.disa.mil. This site has valuable information on validating receiving report data, vendor invoice data, contract numbers, and other important data field information.

f. Additional information on WAWF-RA e-commerce is available at https://wawf.eb.mil. The website contains information such as Web-based T raining, Active DODAACs and Roles, Frequently Asked Questions, DD Form 2875, and Policies and Procedures for Submitting Receiving Reports. Utilization of WAWF-RA is a

Command Logistics Review Program item, and activities will be inspected for compliance.

3-58. FUNDING LOCAL PURCHASES

a. DHP funds to finance local purchase of nonstocked medical supplies and equipment items.

b. For equipment funded through MEDCASE, follow procurement procedures in *SB 8-75-MEDCASE*.

3-59. DEFENSE ATTACHÉ MEDICAL SUPPLY SUPPORT

Medical funds available to the command will finance medical supplies issued pursuant to this section unless different billing arrangements have been made.

a. Army personnel serving, as Defense Attachés will use local supply sources or HCA located within a reasonable distance.

b. Major OCONUS Commanders will provide medical supply support upon request if:

(1) The personnel are stationed within the command's area of support.

(2) Communications and transportation permit: Examples of communication and transportation that may be available are State Department pouch, U.S. Military Post Office, or Embassy Post Office.

c. Commander, Walter Reed Army Medical Center (WRAMC):

(1) Provides medical supply support where other sources are not available or where difficulties exist in communications.

(2) Designates the U.S Army Health Clinic, Pentagon, as a supply source. Forward requests for medical supplies through the Army's Assistant Chief of Staff for Intelligence to the U.S. Army Health Clinic, Pentagon. Normally, this supply action is limited to delivery by State Department pouch.

d. Prescription-type items will be dispensed from a pharmacy when a doctor's prescription is presented, per *AR 40-2*.

e. Requests for exception to this procedure will be forwarded to USAMEDCOM, ATTN: MCLO-O, Fort Sam Houston, TX 78234.

3-60. RENOVATION OF HEALTH CARE FACILITIES

a. Obtain equipment and furnishings needed to support Medical Military Construction (MILCON) projects by using MEDCASE procedures (see the 2004 edition of the *SB 8-75-MEDCASE*).

b. Use GSA or commercial interior design services to determine entire furnishing requirements and design decor when renovating entire offices or areas. Fund design services from local operating funds.

3-61. REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL

a. The HCA Commanders/Command Surgeons establish a formal program for reviewing the consumption of durable medical materiel. This program is designed to:

(1) Improve supply discipline
(2) Emphasize economy
(3) Monitor usage
(4) Focus attention on the prudent use of durable medical materiel.

b. To manage the program, commanders must conduct semi-annual consumption reviews. The review should include the 20 durable medical materiel items where the activity experienced the greatest expenditure during the last year. During the semi-annual review, Commanders should focus attention on increased usage and potential savings for the activity. MTF reviews are to focus on internal hospital consumption of durable items as demands for external customers are beyond their control. Reviews may also be conducted on the remaining durable medical materiel items for which the activity desires control visibility, such as items experiencing a high loss rate. From this review, items will be selected for intensive management and will be managed as stated below (see para c and d). The ARNG activities will conduct annual reviews.

c. Durable medical materiel selected for intensive management may be managed as turn-in and direct exchange items. If an unserviceable item is not available for exchange, the IMSA/MEDLOG Bn/USAMMCE justifying the items can require a letter or form.

d. Usage levels can be established for the organization and for individual customers. Actual usage should be reviewed against established usage levels. Activities will document the review to include corrective action taken or the cause(s) for usage in excess of the established rate. These reviews will be maintained according to *AR 25-400-2*.

e. The MTOE units normally will not establish usage levels unless actively engaged in patient care.

f. Activities will dispose of uneconomically repairable durable medical materiel items through their IMSA/MEDLOG Bn/USAMMCE to the DRMO.

3-62. MEASURING MEDICAL SUPPLY PERFORMANCE

Paragraphs 3-63 through 3-66 provide formulas for computing medical supply performance standards (in addition to those outlined in *AR 710-2*).

3-63. MEASURING CUSTOMER SUPPORT

a. Demand satisfaction: Demand satisfaction represents the percentage of demands for stocked lines satisfied by 100 percent of the total quantity demanded. Used the formula shown below to compute this figure:

(1) Formula:

$$\frac{\text{Valid Demands for Stocked Items 100\% Filled}}{\text{Total Valid Demands for Stocked Items Received}} \times 100 = \text{Demand Satisfaction Stocked Items Satisfied by 100\%}$$

(2) Example: 6,378 of 6,700 total demands for stocked items were 100 percent filled.

$$\frac{6{,}378}{6{,}700} \times 100 = 95\%$$

b. Performance measures are as follows:
(1) Management objective: 95 percent
(2) Management level 90 to 98 percent

c. Indicate the adequacy of RO levels; that is, whether stockage quantities are sufficient considering OST and fluctuating demands.

d. May indicate, if extremely high, that stock levels are too high. If demand satisfaction is low, examine the following items:
(1) Zero-balance rate.
(2) Receipt processing time.
(3) Validity of OST quantities based on recent experience.

3-64. MEASURING INVENTORY MANAGEMENT

a. Zero balance rate (percentage out of stock).

(1) The zero balance rate indicates the percentage of stocked lines that are at zero balance.

- It is an indicator of inventory management effectiveness and is usually related to demand satisfaction.
- It's a measurement that detects inventory management problems earlier than other indicators.
- It gives a rapid general picture of inventory status for RO/level (demand supported) stocked lines at a given point in time.

Potential problems highlighted by this indicator may not have been discovered with other indicators, because the system deficiency may have occurred only recently. For example, if a series of requisitions to a supply source had been lost or if transportation breakdowns had frustrated one or more shipments, this measure would quickly reflect either problem. Only later would these same problems also affect the demand satisfaction. A very low zero balance rate may reflect significant improvements in the resupply system, improvements in transportation support to the IMSA, or a significant downturn in customer demands.

(2) Formula:

$$\frac{\text{Number of Stocked Lines at Zero Balance with an Established Due - Out}}{\text{Number of Stocked Lines}} \times 100 = \text{Zero Balance Rate}$$

(3) Example: If there are 70 stocked lines at zero balance out of a total of 1,578 stocked lines, then:

$$\frac{70}{1,578} \times 100 = 4\%$$

(4) Performance measures are as follows:

(a) Management objective: less than 5 percent.

(b) Management level: 2 to 8 percent.

b. Issue Priority Designator (IPD) high priority request/requisition rates.

(1) This rate indicates the percentage of all requisitions placed upon a supply source (either local procurement or the DLA supply system) that have an IPD of 01-08 (exclude life or death IPD 03 requisitions from all calculations).

(2) Use the formula below for computing these rates.

(a) Formula:

$$\frac{\text{IPD 01 to 08 Requests/Requisitions}}{\text{Total Requests or Requisitions}} \times 100 = \text{IPD Request/Requisition Rate}$$

(b) Example: If there are 17 IPD 01 through 08 requests/requisitions out of 189 total requests or requisitions submitted,

$$\frac{17}{189} \times 100 = 9\%$$

(3) Performance measures are as follows:

(a) Management objective: Less than 20 percent.

(b) Management level: None.

(4) Excessive use of high IPDs is symptomatic of a variety of potential problems but may, infrequently, be totally reasonable and necessary. Routine use of IPDs 01 through 08 indicates the following:

(a) Basic data believed reliable in establishing OST values may not be valid.

(b) Proper materiel is not stocked.

(c) Customers require assistance in identifying new requirements for IMSA/MEDLOG Bn/USAMMCE stockage or need assistance in establishing a local resupply mechanism.

(d) The pipeline for heavily demanded materiel has been interrupted.

(e) A new, high priority mission is demanding expedited support.

c. Inventory accuracy rate

(1) The inventory accuracy rate provides information regarding the accuracy of on-hand balances recorded on accountable records.

(a) Formula:

$$\frac{\text{Total Number of Lines Requiring Adjustment}}{\text{Total Number of Lines Inventoried}} \times 100 = \text{Percentage}$$

Then,

Percentage - 100% = Inventory Accuracy Rate

(b) Example: If 100 lines required adjustment at the conclusion of the inventory and 1,000 lines were counted,

$$\frac{100}{1{,}000} \times 100 = 10\%$$

(c) Then, 100% - 10% = 90%
The inventory accuracy rate is 90 percent.

(2) Performance measures are as follows:
(a) Management objective: 95 percent.
(b) Management level: 90 percent or above.
(3) Values less than 90 percent indicate a problem as to the reliability of on-hand balances. Problems affecting accuracy may be failure to post receipts in a timely manner or issuing items by the wrong unit of issue.

d. Percent of excess to total inventory.
(1) Excess inventory is that materiel measures both the stocked and non-stocked inventory that is not supported by demands.

(a) Formula:

$$\frac{\text{Dollar Value of Excess Inventory}}{\text{Dollar Value of On-Hand Inventory}} \times 100 = \text{Percent of Excess to Total Inventory}$$

(b) Example: The account has $25,000 of excess (stocked and non-stocked combined) as shown in the Stock Status Report (or DMLSS Excess Report). Total dollar value of on-hand inventory is $1,000,000. The percent of excess to total inventory would be:

$$\frac{\$25{,}000}{\$1{,}000{,}000} = 0.025 \times 100 = 2.5\%$$

(2) Performance measures are as follows:
(a) Management objective: 10 percent or less.
(b) Management level: less than 15 percent.

(3) A rate greater than 15 percent indicates that the account is not taking timely action to remove non-demand supported items from the inventory.

e. Maximum percent of IMSA/MEDLOG Bn pharmaceutical stockage levels CONUS activities only).
(1) This measures the percent of pharmaceutical stocks to the value of annual pharmaceutical orders. The intent is to maximize utilization of government contracted

commercial distributors (PV/ECAT). Utilizing these contracts results in inventory reduction through engaging "Just in Time" supply support.

(a) Formula:

$$\frac{\text{Dollar Value of Pharmaceutical Stockage Level}}{\text{Annual Total Dollar Value of Pharmaceuticals Ordered}} \times 100 \text{ Max \% of Pharmaceutical Stockage Levels}$$

(b) Example: The IMSA/MEDLOG Bn has a stockage level for pharmaceuticals valued at $50,000. During the year, the pharmacy service ordered $5,000,000 of pharmaceuticals directly from a government contracted commercial distributor. The percent of IMSA/MEDLOG Bn pharmaceutical stockage level would be:

$$\frac{\$50{,}000}{\$5{,}000{,}000} = 0.01 \times 100 = 1\%$$

(2) Performance measures are as follows:
(a) Management objective: Less than 4 percent
(b) Management level: None

(3) A rate of 4 percent or greater may indicate that the IMSA/MEDLOG Bn is investing too many dollars in pharmaceutical inventory. In this case the IMSA/MEDLOG Bn is not taking advantage of PV/ECAT contracts as a means of reducing inventory.

3-65. MEASURING PROCESSING TIME

a. Request processing time:

(1) For stocked lines, it is the number of days from the date a customer request is received at the IMSA/USAMMCE/MEDLOG Bn to the date the materiel is delivered to the customer or the customer is notified that the materiel is ready for pickup.

(2) For nonstocked lines, it is the number of days from the date a customer request is received at the IMSA/USAMMCE/MEDLOG Bn to the date the request is passed to the supply source or to the supporting contracting activity.

(a) To compute the request processing time at the IMSA/ USAMMCE/MEDLOG Bn, survey past customer requests. The date received is not counted; however, the date passed to the supply source or supporting contracting activity is counted, as is the date of delivery or date of notification to the customer. The computation is the Processing Time = Date Passed minus (–) the Date Received plus (+) 1, as such when the requisition is passed on the same day it was received the Processing time is one (1) day.

(b) This measure indicates the efficiency of the IMSA/USAMMCE/MEDLOG Bn in processing requests for both stocked and nonstocked lines. Longer processing times may indicate:

System deficiencies
- Inadequate staffing
- Training shortfalls
- A combination of these factors

(3) Performance measures are as follows:
(a) Management objective: One (1) day
(b) Management level: One to two (1 to 2) days.

b. Receipt processing time:
(1) This measure represents the lapsed time from the receipt of materiel at the IMSA until the receipt is posted to accountable records.
(2) Use the receipt documentation and accounting records to obtain needed information. The date received is not counted; however, the date posted is counted. The computation is similar to above, Receipt Processing time = Date Posted – Date Received + 1.
(3) Performance measures are as follows:
(a) Management objective: 1 day
(b) Management level: 1 to 2 days

(4) Longer processing times may indicate:
(a) Inadequate receiving or posting procedures
(b) Training needs
(c) Staffing level problems

3-66. MEASURES OF STORAGE MANAGEMENT

a. Materiel release denial rate (warehouse denials).
(1) This is the percentage of Materiel Release Orders (MRO)/pick list denied by storage. It indicates the number of MROs/pick list lines generated where stock is not on-hand in the warehouse, though records indicate that on-hand balances exist.

(a) Formula:

$$\frac{\text{Number of MRO Denials}}{\text{Total MROs}} \times 100 = \text{Materiel Release Denial Rate}$$

(b) Example: If there are 28 MRO/pick list denials out of 3,253 total MROs/pick list lines, then:

$$\frac{28}{3{,}253} \times 100 = 0.9\%$$

(2) Performance measures are as follows:
(a) Management objective: 1 percent
(b) Management level: 0-2 percent

(3) This measure can indicate a variety of potential problems, such as:
(a) Erroneous inventories
(b) Locator inaccuracies
(c) Stocks released to customers without the transaction being posted to accountable records
(d) Inaccurate selection of materiel for shipment or delivery

(e) Erroneous quantities verified on receipt documents
(f) Erroneous posting of receipt documents or misappropriation.

b. Location accuracy (see *AR 710-2*).

(1) This measure is a comparison of locator records with actual physical location of assets expressed as a percentage of accuracy. It is produced from a random sample of storage locations from either the locator records or from the physical location.

(2) There are two types of location survey errors:

(a) Location records showing a recorded location without corresponding stock at that warehouse location, provided that a permanent location is not being reserved for the item.

(b) Physical assets in warehouse locations without a supporting location record.

(3) Formula

$$\frac{\text{Total Correct Inventory Locations}}{\text{Total Inventory Locations Surveyed}} \times 100 = \text{Location Accuracy}$$

(4) Example: If out of 150 locations surveyed, 146 were correct, then:

$$\frac{146}{150} \times 100 = 97\%$$

(5) Performance measures are as follows:
(a) Management objective: 98 percent
(b) Management level: Greater than 95 percent

(6) Location accuracy shows the effectiveness of the storage activity at placing materiel in its designated location and posting appropriate data to locator records, to include deleting invalid location assignments resulting from re-warehousing (reorganizing and restocking the current warehouse) and stock depletion.

3-67. MEDICAL MATERIEL STORAGE

a. Storage conditions: Specialized procedures and equipment are required to prevent the deterioration of medical materiel in storage. Medical materiel is frequently sensitive to sunlight, heat, and moisture. Therefore:

(1) Proper temperature monitoring is paramount to cold chain management. The majority of commonly stored vaccines and other Temperature Sensitive Medical Products (TSMP) require thermostatically controlled storage temperatures of 2°C to 8°C (36°F to 46°F) while others must remain frozen at -20˚C to -10°C (-4ºF to 14°F). Additionally, some vaccines are sensitive to sunlight, moisture, and excessive heat and require special equipment to protect them from deterioration during storage and distribution. Vaccines must be carefully transported and stored within the storage range approved by the manufacturer to ensure their potency, purity, and chemical composition.

(2) Each MTF will develop and maintain a Standing Operating Procedure (SOP) for monitoring refrigerators/freezers storing vaccine and other TSMP. The information below is provided as a guideline.

(a) A temperature alarm system will be installed on bulk storage refrigerators/freezers in Logistics, Laboratory and Pharmacy areas storing medical supplies. The alarms will be monitored electronically and physically on a 24-hour basis. The optimal choice is a system that will both monitor and record temperatures for easy retrieval on a frequent basis and possess the capability to alert individuals (telephonically, pager etc.) who will take appropriate action to safeguard the vaccine should storage conditions become compromised.

(b) The entire alarm system from the refrigerator/freezer unit to the remote monitoring station will be tested monthly at a minimum. (Areas that are continually occupied on a 24 hour basis such a Blood Banks or Laboratories can test quarterly). Documentation of the test will be kept on file at the Logistics Division and available for inspection. The alarm system on all units will be hardwired to sound at the Administrative Office of the Day (AOD), installation Fire Station, Provost Marshal Office, or other location that is monitored 24-hours/seven days a week. Storage areas with restricted access will have a device installed (light indicator/audible alarm) indicating when the storage unit temperature is out of range and can be checked without physically entering the restricted area.

(c) Local policy will include the requirement for the AOD and/or other designated individual to physically check all refrigerator/freezer units storing bulk TSMP on a routine basis (at least two times per shift).

(d) Activities will identify an alternate storage facility (Clinic, Laboratory, Pharmacy, external storage facility, etc.) with back-up power (generator) and storage capacity where vaccines can be temporarily relocated and monitored if necessary. Additionally, identify proper handling procedures and the means of transport to the secure storage location.

(e) The SOP as a minimum must include emergency contact/notification information for the following:

(1) Logistics, Pharmacy, Provost Marshal, and Medical Maintenance personnel
(2) Refrigeration repair technician
(3) Temperature alarm repair technician
(4) Back-up storage areas
(5) Dry ice vendors
(6) Emergency repair companies
(7) Vaccine manufacturers (e.g. Merck Sharpe & Dohme: 800-672-6372; Aventis Pasteur: 800-VACCINE (800-822-2463); GlaxoSmith Kline: 888-825-5249; Wyeth Lederle Labs: 800-666-7248) (These companies may change over time and must be kept current)

(f) The SOP must include methods to determine if the vaccine is still viable.

(g) Activities maintaining vaccines outside of bulk storage areas such as a Soldier Readiness Processing (SRP) site or clinics should maintain minimal on-hand stock to minimize potential losses. These sites will post temperature logs in their refrigerator/freezer unit that must be filled in at least twice daily. If this is not feasible, alternative monitoring procedures are required and must be included in the SOP.

(h) Any loss of significant amounts vaccines due to out-of-range temperatures will be documented with the precise date and time sequence. The Logistics Chief will prepare a Commander's Critical Information Requirement (CCIR) to document the loss and forward to the proper notification authority immediately.

(1) An Emergency or battery-powered temperature alarm system will be used on refrigerator/freezer storage units at the IMSA/MEDLOG Bn/USAMMCE.

(2) Alarms will be monitored electronically and physically on a 24-hour basis. Optimally the alarm system will monitor and record temperatures for later retrieval and alerts individuals (telephonically, pager, etc.).

(3) Items requiring refrigeration will be stored and shipped at temperatures between 35° and 46°Fahrenheit (F) [2° and 8°Celsius (C)] and frozen items at temperatures below 32° F.

b. The IMSA/MEDLOG Bn/USAMMCE and other medical supply operations will comply with all special instructions on the item, shipping label, manufacturer's literature, UDR or in the FSC.

c. X-ray film will be stored per manufacturer's recommended storage methods, usually on edge in a vertical position. Film may fog if stored horizontally.

d. Dry-cell batteries will be removed from instruments prior to storage.

e. Rubber goods will be stored in rolls or laid flat. Talc will be used to separate surfaces.

3-68. STORAGE METHODS FOR IMSAS, MEDLOG BNS, USAMMCE, AND OTHER MEDICAL SUPPLY OPERATIONS

a. Store medical materiel in unit of issue and/or unit of measure. Establish stock control records for both unit of issue and unit of measure items. Determine the unit of measure price by dividing the unit price by the number of units of measure in the unit of issue.

$$\frac{\text{Unit Price}}{\text{\# of Units of Measure in the Unit of Issue}} = \text{Unit of Measure Price}$$

b. Store controlled items that require special storage and handling procedures to protect against theft per *AR 190-51*.

c. Store hazardous materiel, including acids, flammables, corrosives, gasses, and poisons per:

(1) Technical manual (*TM) 743-200-1*.

(2) *TM 38-410/Defense Logistics Agency Manual (DLAM) 4145.11/Navy Supply Publication 573/AFR 69-9/MCO 4450.12*.

(3) *AR 200-1*.

(4) Applicable Federal, state and local laws.

d. When storing hazardous materiel, at a minimum, the activities must:

(1) Consider the:

(a) Compatibility of chemicals

(b) Ventilation

(c) Fire protection

(d) Spill prevention and response

(e) Containment

(f) Protection from the weather

(2) Locate an inventory list and all applicable MSDS near the storage area within the HCA.

e. Provide heat, refrigeration, and humidity control where necessary to protect stock (see *TM 743-200-1*). Physically separate suspended materiel from other stocks and mark with the authority for suspension.

f. Establish stock locator systems, automated or manual, at each storage site to control the use of storage space. Survey all storage locations at least annually, and reconcile survey results with the locator file.

g. Medical supply operations must establish stock locator systems per:
(1) MACOM or Command Surgeon guidance
(2) *AR 710-2*
(3) *DoD 4145.19-R-1*

3-69. MEDICAL INSTRUMENT RECYCLING PROGRAM

a. Program definition

(1) The Medical Instrument Recycling Program (MIREP) provides for the repair, refinishing, and reconditioning of economically repairable instruments. It applies to medical and dental instruments and involves returning the instruments to a serviceable condition.

(2) Recycling includes:
(a) Replacing missing parts for example, screws and carbide inserts.
(b) Adjusting for proper tension.
(c) Redefining ratchets.
(d) Sharpening cutting edges.
(e) Cleaning, re-polishing, and re-plating surfaces.
(f) Realigning tips and edges.

b. Implementation

The MTF commander will establish a MIREP if economically feasible based upon a cost benefit study. Costs inherent to administering the MIREP contract must be judiciously considered. A copy of the cost benefit study will be retained on file for review by the USAMEDCOM command logistics review program team. If determined not economically feasible, an update review of the cost benefit study will be conducted annually.

c. Recycling guidance

(1)Instruments that are damaged or unsuitable for use will be turned in to a designated collection point by the functional area within the MTF. String or other appropriate binding may be used to group like items for ease of management and turn in. Groups should be tagged. The tags should indicate the NSN/MCN (Management Control Number), nomenclature, total number in group, and generating functional area.

(2)The designated collection point program manager will determine the procedures for turn-ins and account for all receipts, repairs, and disposals. If a PR is initiated for each turn-in to the contractor, a suspense copy should be retained on file.

(3)Recycling costs will be borne by the functional area.

(4)The MIREP assets will remain functional area-owned from the time of turn in until the item is subsequently reissued.

(5)All instruments must meet the following recycling criteria:

(a) The instrument should be unserviceable or otherwise unsuitable for use.
(b)A replacement item is required to accomplish the mission.
(c) The replacement unit cost exceeds $8.

(6) The estimated recycling cost is less than 60 percent of estimated replacement cost.

(7) The Accounting Requirements Code (ARC) is D (that is, a durable item) in the AMDF or FEDLOG or a similar nonstandard item.

f. The MTF commanders may exempt any specific instrument from MIREP for a valid reason. A record of exempt items and the reason for exemption will be maintained on file.

X-X3 Medical instrument recycling equipment program contracts
Recycling services will be obtained through local purchase procedures. Contracts will provide for:
a. An itemized receipt for instruments turned over to a contractor for recycling.
b. An itemized statement of recycling cost.

3-70. CUSTOMER SUPPORT

The IMSA will have a “Customer Support Pamphlet” for the customers that details how customers receive support from the IMSA. Support for external customers can either be an “Appendix A” to the Pamphlet or a stand alone
document.

As a minimum that Pamphlet will cover:

a. Logistics’ Organizational structure with POCs and phone numbers.
b. Detailed specific procedures for all functions of Logistics. (Excess turn in, requisitioning, maintenance, obtaining status, etc.
c. Sample documents that customers need to complete prior to visiting Logistics.